Performance Tracking for QAPI

Great Plains Quality Innovation Network-Quality Improvement Organization (QIN-QIO)
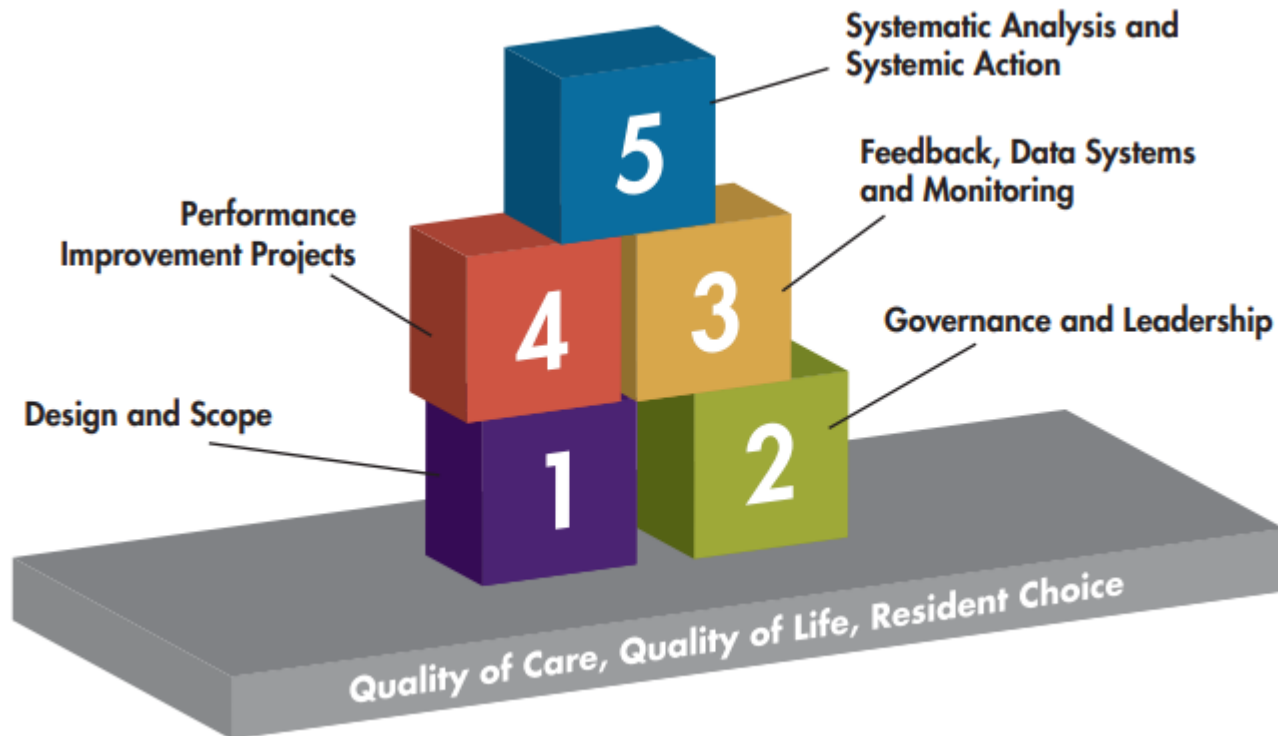
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Current as of November 2020

QAPI at a Glance

Important System Approach

- Use data to identify quality problems but also opportunities for improvement
- Set priorities for action
- Perform Risk Assessments to identify gaps in processes
  - Look at areas of high risk & high volume
- Root Cause Analysis to understand the heart of the problem
- Develop Performance Improvement Teams
- Plan Do Study Act
- Systemic change to eliminate problems at the source or root
- Develop a feedback and monitoring system

QAPI Element 3: Feedback, Data, & Monitoring

- Use performance indicators (audits/checklist tools) to monitor processes and outcomes

- Review findings against targets/goals the facility has established for performance (goal setting)

- Tracking, auditing and investigating (pulling it all together)

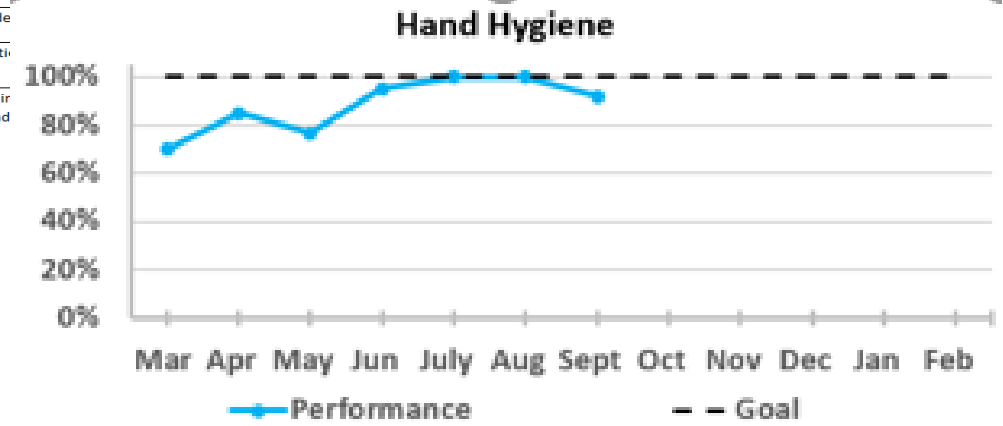# QAPI Element 5: Systematic Analysis and Systemic Action (PDSA & RCA)

- Systematic approach to determine analysis needed to understand problem, causes and implications
- Structured approach to determine cause of problems in care and services delivered
- Demonstrate proficiency in use of RCA
- Systemic actions look across systems to prevent future events and promote sustained improvement
- Continual learning=continuous improvement

And Now……Performance Tracking Tool Tutorial

Indicator		Identified Goal (enter # between 90 and 100)	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Hand Hygiene	Performance	100%	70%	85%	77%	95%	100%	100%	92%	#N/A	#N/A	#N/A	#N/A	#N/A
	# of Audits Passed		14	17	23	19	20	20	23					
	# of Audits Completed		20	20	30	20	20	20	25					
Food Tempertures for room trays	Performance	90%	80%											
	# of Audits Passed		12											
	# of Audits Completed		15											
Protocol followed for hypoglycemia	Performance	100%	83%											
	# of Audits Passed		5											
	# of Audits Completed		6											

If your auditing results fall below your set monthly goal, document what mitigation tactics were done to ensure goal will be met the following mo

Indicator	Month Below Goal	Mitigation Tactic	Date Completed
Hand Hygiene	March	Review done at staff inservice	April 10, 2020
	April	1:1 just in time education when	During month of April
	May	RCA done-results ABHS was not properly located-individual ABHS bottles provided to staff.	June 6, 2020
	June	The two staff that didn't pass did not have their bottle ABHS on their person	at time of observation
Food Temps	March	Temperatures increased in the tray cart	April 5, 2020
	April	Found that thermometer in the tray cart was not accurate, replaced	April 29, 2020
Protocol followed for	March	Provide	
	April	Educati	
	May	Travelir her and staff.	

Hand Hygiene

Final Thoughts

- Goal is to make changes that will result in lasting and widespread improvement
- Use of checklists/audits to ensure compliance standards are met
- Should not fall on one person (with clipboard in hall)
  - Have auditing "helpers"
  - Create a culture that sets the tone of "doing the right thing even when others are not looking"

FAQ's/Best Practices

- Make auditing a part of your program (not only part of a plan of correction)
- Set performance goal
- Aggregate your results
- Mitigation tactics are IMPORTANT
- Remember just in time education is important however, consider if it could be a system-wide issue.
- Use mitigation tactics that will ensure compliance for all

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