

# Building Quality Improvement (QI) Capacity in Long-Term Care Centers

A University of Washington and Comagine Health Nursing Home Certificate Program

## Background

Nursing facility staff are underprepared to identify threats to patient safety and effectively lead quality improvement (QI) and resident safety projects. This gap in knowledge and skills contributes to poor clinical outcomes and resident harm. To address this need, Comagine Health partnered with the University of Washington (UW) Center for Scholarship in Patient Care Quality and Safety to offer facilities in the Comagine Health QIN-QIO six-state region the opportunity to develop capacity for leading QI projects and analyzing threats to resident safety in support of full implementation of a Quality Assurance and Performance Improvement (QAPI) program.

## Approach

The UW modified an existing QI certificate program originally designed for hospitals to make the content more specific to the centers and accessible through a virtual platform. UW faculty provide education on QI basics and coaching on how to use the methods and tools to develop and implement a QI project. Topics include:

### Culture of Safety

### Root Cause Analysis & Action (RCA<sup>2</sup>)

### Reducing Adverse Drug Events and Deprescribing in Older Adults

### Infection Prevention in Nursing Facilities

### Introduction to Quality Improvement Methods

### QI Tools: Lean & High Reliability

### QI Tools: Aim Statements, Equity Assessment

### QI Tools: Process Mapping, Measures, Driver Diagrams

### QI Tools: PDSA and Run Charts

### Designing Processes for Sustainability

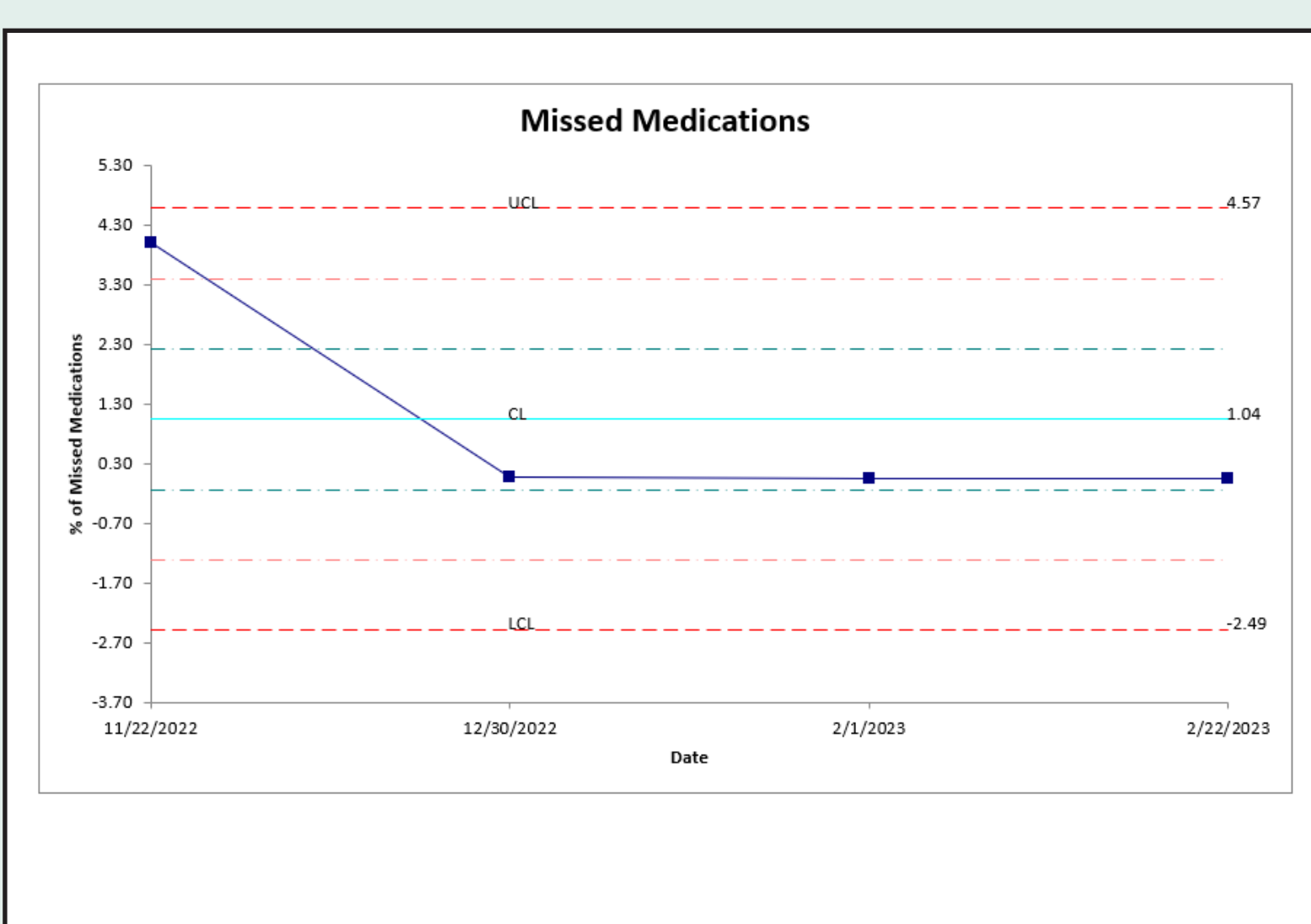
### Leading Change and Engaging Frontline Staff

### Clinical Standardization

Teams were asked to focus their QI projects on hospitalizations and emergency department (ED) visits, healthcare-acquired conditions that could lead to hospitalization or ED visits, and medication safety to reduce the risk of adverse drug events.

Comagine Health staff members joined UW faculty after a brief training to facilitate breakout sessions and sustain engagement during break between sessions.

The program began with 25 registered teams from across the QIN-QIO region. Due to staffing shortages and increased demands to meet resident care needs, several of these teams were unable to complete the program. Several more were unable to complete their QI projects. One center closed. As the end of the program approaches (March 8, 2023), seven teams are preparing to present their QI project to their peers.



## Impact Story

**Margaret Silebi**, director of nursing at Avamere Rehabilitation of Eugene, was an active participant in the first program session. She chose to focus on **missed medications**, as her facility experienced frequent missed medication passes due to unavailability of medication, staff shortages, and a lack of communication and coordination. Interventions included establishing a PAR level for OTCs and writing standard guidelines for obtaining medications, including training and establishing timeframes for the new processes. Silebi aimed to lower Avamere's missed medication rate to less than 2% and far surpassed her goal, reducing it from 4% on Nov. 22, 2022, to .06% as of Feb. 22, 2023.

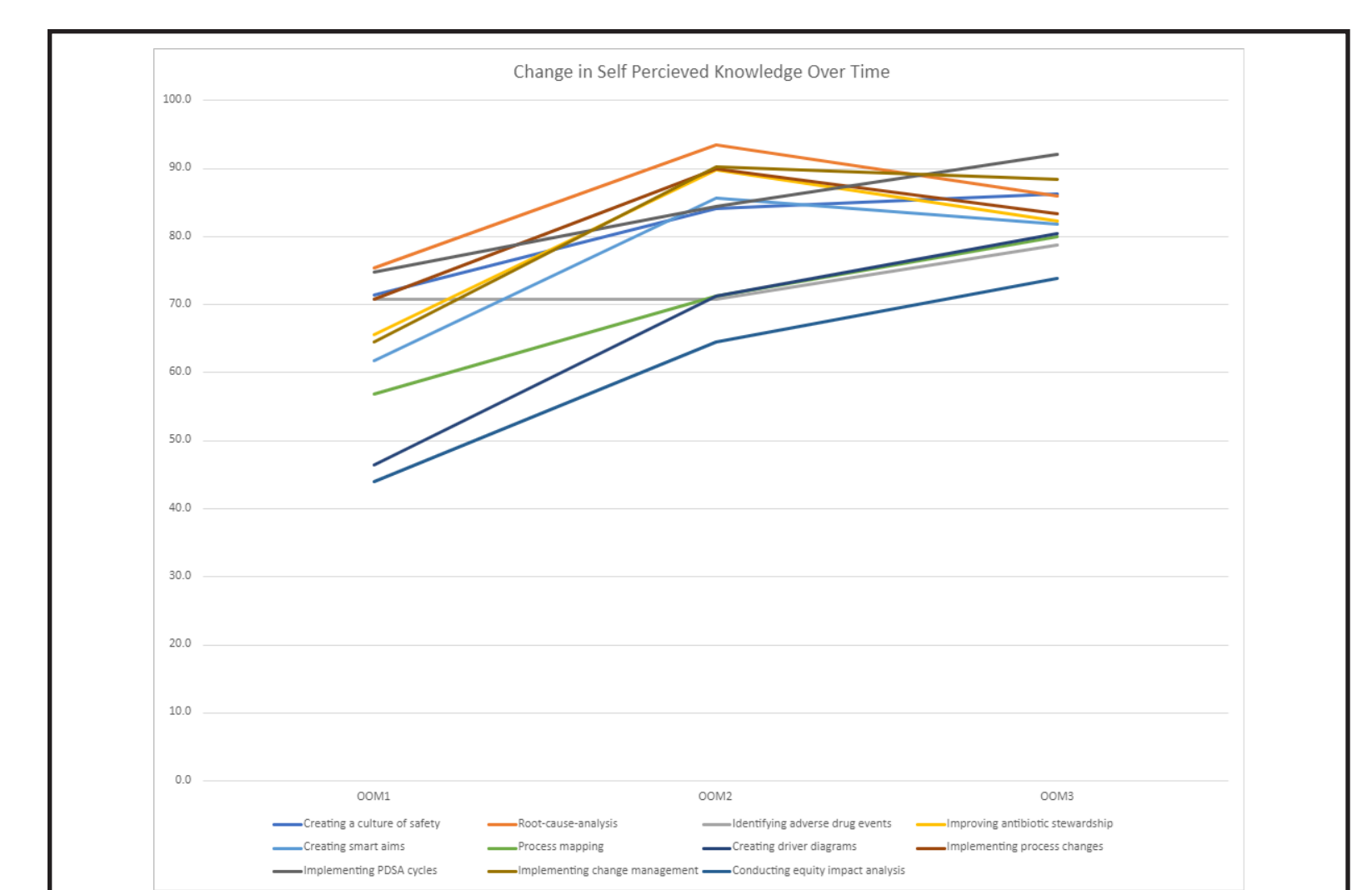
**“The program was exceptional. The presentation style and information were user-friendly and helped front-line staff understand and utilize quality concepts in a way that actively benefits the facility.”**

## Challenges

Staffing in the centers has been the greatest challenge. Staff are being pulled into different roles to fill gaps and do not have time available to attend the training sessions or develop and pilot projects.

## Results

To determine the impact of this program, participants were asked to self-rank their knowledge and experience on a scale of 0 (none) – 100 (expert) across several program concepts for three occasions of measurement: prior to the start of the program, at the program midpoint and at the close of the program. Respondents who provided data for at least two occasions of measurement were included in the final analysis. In general, participants increased their self-perceived knowledge and experience across the course of the program. Concepts that would be more commonly accessed by healthcare professionals, such as antibiotic stewardship, had higher baseline measures compared to concepts such as conducting impact equity analysis. This data suggests the program drives increased knowledge of key program elements and self-perceived ability to act on these concepts by the midpoint of the program, with those knowledge and skills maintaining or continuing to increase through the end of the program.



## Recommendations

- Ensure participants are aware of the expectation to complete a QI project as part of the program
- Adjust the time of day (early morning to mid-day) to see if this increases participation
- Provide more guidance on how to incorporate health equity impact into QI project plans
- Encourage teams to include all staff within the building to participate in the program
- \* Some facilities found that extending session access to all staff, including infection prevention, environmental services/housekeeping, plant operations/maintenance, admissions, MDS coordinator, CNAs, staffing, social services and medical records, increased effectiveness

### Questions about this project?

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