

CIVIL MONEY PENALTY (CMP) FUNDED PROJECT

FINAL REPORT

Grantee

Wisconsin Center for Performance

Project Title

Performance Improvement

Award Amount

\$44,820

Grant Period

January 30, 2018 - June 30, 2018

Additional Information and Resources



**Department of Health Services / Division of Quality Assurance
Quality Assurance and Improvement Committee**

This project report has been prepared by the author under a research grant from the Department of Health Services (DHS) Quality Assurance and Improvement Committee. The views expressed in the report/training are personal to the author and do not necessarily reflect the view of the Department of Health Services or any of its staff and do not bind the Department in any manner.

F-01593 (08/2015)



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Nursing Home Quality Improvement Project Final Report
March – August, 2018

Program Goal: For the nursing homes in Wisconsin that show a one or two star rating as of March 2017, the expected outcome for facilities participating in WCPE's Nursing Home Improvement project is a reduction of the events which result in civil monetary penalties assessed to the nursing homes. The reduction in these events would correlate with a measurable improvement to resident health and safety.

Scope of Work Accomplishments

A. To initiate the project, kick off training sessions were held in five locations around the state during the spring of 2018. Locations included Madison, Appleton, Racine, Waukesha and Wausau based on interest from participant organizations. Facilitators helped nursing homes select relevant and impactful projects that would reduce the events which result in civil penalties assessed to nursing homes. Participants were introduced to a project charter template (**see attachment A**) and learned about the 5 x 5 presentation format (**see attachment B**) to capture their improvements so they could be celebrated and shared with others.

Participants were introduced to the the ADKAR change management modules which can demonstrate sustained improvement in 7 areas:

- Drive more successful change
- Better handle the amount of change happening
- Better address the cost of poorly managed change
- Align organizational values with practice
- Better prepare for the future
- Create consistency and efficiencies in approach
- Build needed internal capacity

The training module handouts (see attachment C) developed for the project. Materials and activities reinforced change management principles and were used throughout the project period. Methods learned can be replicated for other improvement and change management projects, and help participants identify and address improvements with more confidence.

- B. Following the training, facilitators conducted follow up phone consultations with participant organizations. A check in webinar was held on April 18, 2018. Participants shared progress to date, their team's next steps, and had an opportunity for individual consultation and trouble shooting.

PROJECT DELIVERABLES

Participation in the project was voluntary, and not all facilities that attended the kick off meetings, received training, and participated in the webinar. completed projects. Team 5 x 5 presentations documenting their improvement projects were due May 15, 2018. Two completed presentations are linked below highlighting outcomes and ways to sustain the gains. Others noted progress, barriers, and next steps, and will continue working on improvement efforts beyond the project period using ADKAR methods and project resources as noted below.

Skaalen Nursing and Rehabilitation: Pain Management (**see attachment D**)

Hillview Healthcare Center: Decrease Skin Concerns Relate to Incontinence (**see attachment E**)

Team A: Working on call light response time but have not really started. Experiencing some reluctance from nursing staff and ambivalence from administration. Will scale the effort down to a smaller group so we can make some progress.

Team B: Working on GDR's. Strong year/year progress demonstrated. Have completed 71.4% of GDR's for antianxiety, 53.1% for antidepressants, 33.3% for antipsychotics, and 20% for anticonvulsants. Next steps are to make the data more visible and start working on the 5x5 presentation.

Team C: Hard time getting started, so we decided to ask for volunteers on our project (skin care related to incontinence). 2 Hallways will be initially addressed; we're going to treat this as a pilot and then roll it out to the other hallways. Have the PIP project charter completed.

Team D: Working on pain management. Have a new ratings scale and are introducing this to the residents. Building familiarity with deployment. Have more work to do but are making progress.

Team E: Working on pain management. Have dedicated resources and already completed the 5x5 on their improvement actions.

Attachment A

Project Charter Template

Project Charter: _____

Team Name

Team / Resources	
Project Sponsor	
Team Lead/Bus. Owner	
Team Members	
Support/Resource People	<i>Who will we need assistance from besides the team members?</i>
Project Issues, Mission and Goals	
Problem Statement	<i>In one sentence, what's the problem?</i> TBD
Issues to be addressed	<i>What problems or opportunities will the team solve?</i> <input type="checkbox"/> TBD <input type="checkbox"/> <input type="checkbox"/>
Project Mission / Vision	<i>What is the purpose of the team? What process will be improved?</i> <input type="checkbox"/> TBD <input type="checkbox"/>
Project Goals	<input type="checkbox"/> TBD <input type="checkbox"/> <input type="checkbox"/>
Success Measures / Benefits / Business Case	
<i>What measure(s) will be used to determine success?</i>	
Improved resident care / service	<input type="checkbox"/>
Improved use of resources	<input type="checkbox"/>
Increased engagement	<input type="checkbox"/>

Timeframe	
Date Chartered	
Expected Completion Date	
Estimated Costs / Resources	
Team Member Time	
Facilitator	
Misc. Expenses	
Expected Results	
<i>What will be in place when we are done?</i> <input type="checkbox"/> TBD <input type="checkbox"/> <input type="checkbox"/>	
Responsibilities and Boundaries	
<i>What areas will the team look at?</i> <input type="checkbox"/> TBD	<i>What areas will the team NOT look at?</i> <input type="checkbox"/> TBD
Risks and Dependencies	
<input type="checkbox"/> TBD	

Work Packages	Upcoming Tasks
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Attachment B

5 x 5 presentation format

Five by Five Presentation Kit

Telling your story in five minutes with five slides



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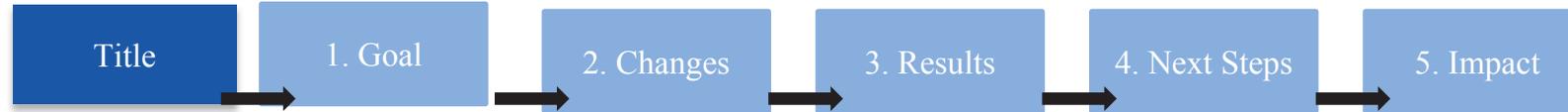
Using 5 X 5

5 minutes to present 5 slides

Advice:

- Keep it simple (1 minute per slide)
- Pictures are worth 1,000 words!
- Use clear, simple graphs to display results (bar or line graph)
- Use key words and bullet points vs. sentences
- Be Creative: Photos, logos, illustrations, etc.
- Follow the format: *don't create your own approach*





Title Slide

There are actually 6 slides in our 5x5 presentation format. Your first slide will include the following:

- The organization you're representing
- Presenter(s) names/titles
- The name of your project

Best practice: Use a logo and photo of your team or your facility



1 of 5: Objective

- Tell us what the **goal or purpose** of your project was.

- What problem were you trying to solve?

Best practice: be clear and simple in your description. “We had to find a way to reduce costs.” “17% of our customers didn’t speak English.” “Our website didn’t offer the information our constituents wanted.”



2 of 5: Changes

- Tell us what changes you had to make.
- Who was involved, how did you go about it, how long did it take?

Best practice: describe the key steps you took, and make sure you can convey them in about 60 seconds. This tends to be the slide that presenters will overshoot their time on.



3 of 5: Results

What were the results of your changes?

Did the changes produce a better outcome?

What were they? How much better are you today than when you started?

Best practice: a “before and after” comparison made graphically or using a photograph.



4 of 5: Next Steps

What are your next steps?

Based on what you've done, what will you do next?

Best practice: demonstrate that you're committed to continuous improvement. Describe subsequent steps in the project you're addressing next, or how you will apply your approach to solve new problems.



5 of 5: The Impact

How did the project **impact** your customers and your organization, agency or department?

Where were the lessons learned?

Best practice: quantify your gains and describe why they matter.

The Customer Wait Time Improvement Project

*Walk-ins
are
welcomed!*



*Green Valley Behavioral
Health Services*

Change Team



Steve, Amy, Michelle, Laura, Carl



- ❑ Decrease wait time between 1st contact and 1st treatment for IOP* clients from **16 days** to **5 days**.
- ❑ This is a 69% improvement goal.
- ❑ Location is the Green Valley IOP office.
- ❑ Length of the change project is June-August, 2016.

**IOP = Intensive Outpatient*



Changes we made:

- 1) Eliminated old procedure of scheduling intakes with clinicians weeks in advance.*
- 2) Established daily walk-in orientation group between 9am – 10am.*

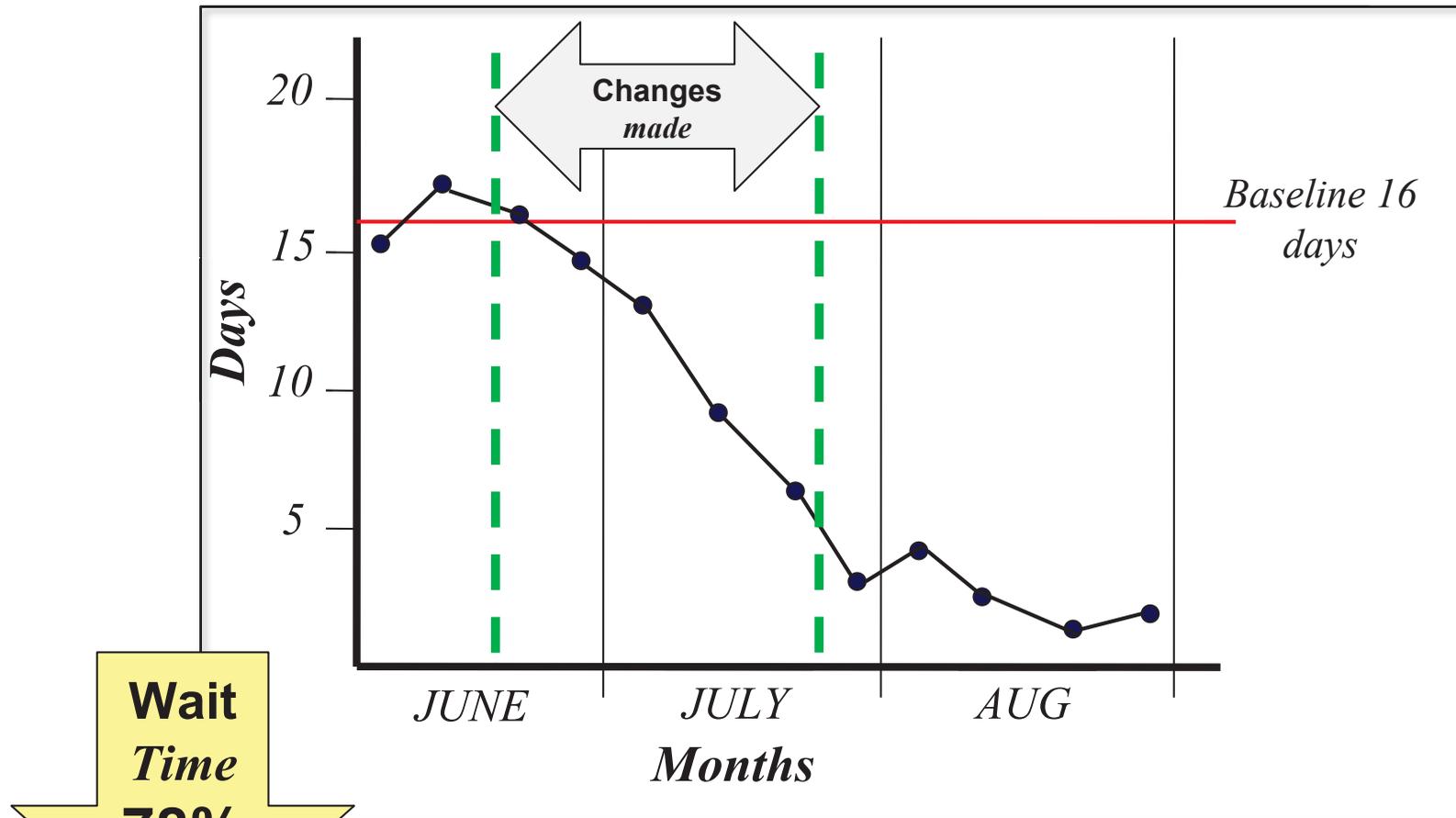
These changes had a positive impact on customers.

IOP clients can now have same day:

- Contact with clinician.*
- Program orientation.*
- Intake appointment*

Clients enter the IOP program NOW, when they are motivated!

Wait time between 1st contact and 1st treatment



**Wait
Time
78%**

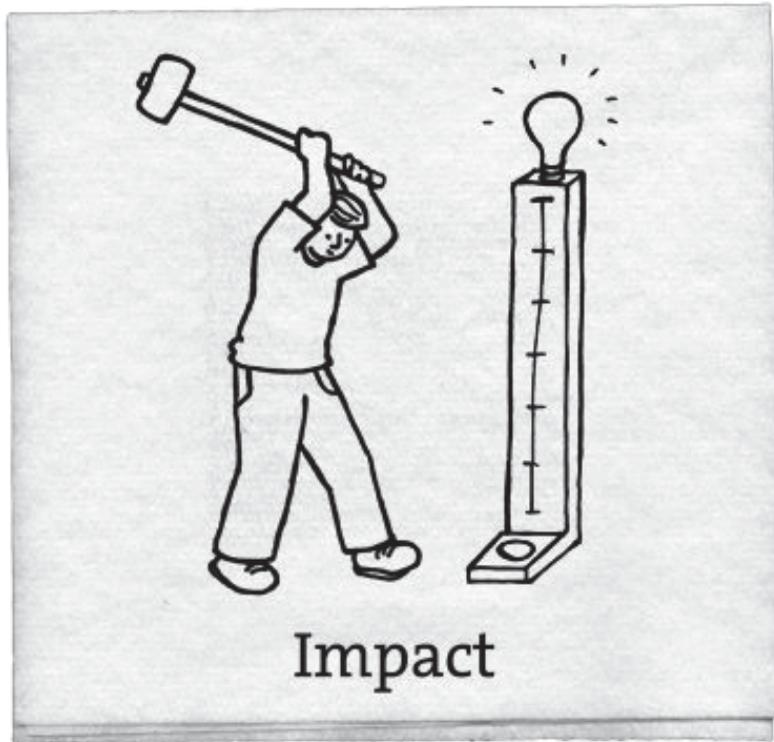
Wait time decreased from 16 to 3.5 days.

Clients seen monthly in program increased from 22 to 29

Monthly revenue from IOP sessions increased from \$16,154 to \$18,572



- Adopt daily walk-in orientation as standard procedure.
- Expand the walk-in orientation to our Holt County office.
- Create a sustainability plan to maintain the improvement.



- ✓ Reputation for same day service
- ✓ 84 more clients seen each year
- ✓ \$30,000 additional revenue

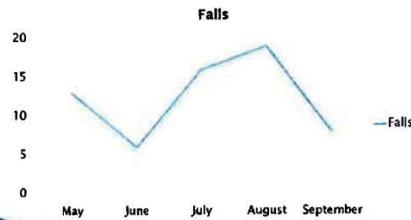
Fall Reduction

Falls Reduction Project

Wisconsin Veterans Home-Union Grove

Project Results (Study)

Project Start Date-June 1, 2014



Impact (Lessons Learned)

- › Focused attention on frequent fallers initially costs more time, but payoff is less time spent on falls (assessments, charting, first aid, transfer to hospital, paperwork).
- › Reducing falls improves QM scores, which can lead to more referrals.
- › Reducing falls increases customer satisfaction with both residents and families.

Project Aim (Plan)

- › Reduce falls from an average of 15 per month to 7 per month.
- › This is a 50% improvement goal.
- › Location is the 2East unit of the Wisconsin Veterans Home-Union Grove
- › Length of the change project is June-September 2014.

Project Results (cont.)

- › Number of falls initially decreased 50%, but then spiked again due to a few speed bumps in the project (staff turnover, state and federal inspections, increase in admissions) but did level out again to 50% decrease by end of project.
- › Biggest result was that a few frequent fallers went from 5-10 falls per month to zero due to focused attention.

Project Change (Do)

- › Changes we made:
 1. Established QA/Root Cause Analysis Report for each fall.
 2. Focused attention (med review, labs in some cases, review with doctors) on frequent fallers.



Next Steps (Act)

- › Continue QA/Root Cause Analysis of each fall in facility
- › Continue focused review of frequent fallers
- › Implement new procedure of having each new admission on hourly checks for 24-72 hours. This came up towards the end of the project.
- › Expand project throughout facility.

Eliminate Use of Resident Alarms

Activity

Project: Eliminate the Use of Resident Alarm Devices

Site: Harbor Haven Health & Rehabilitation
 Project lead: Mark Radmer, Administrator
 Project Team: Kerry Schumacher, Director of Nursing
 Heather Vavra, Staff Development Coordinator

AIM: Zero resident alarms in use throughout the facility within 6 months without a concurrent increase in the number of resident falls.

- Harbor Haven nursing staff have been using safety devices designed to sound an alarm to alert nursing staff to a resident's need for assistance.
- In July 2014 the facility has a total of 68 alarm devices in use which was broken down by "Harbor":
 - Island - 1
 - Meadow - 12
 - Snug - 9
 - Sunset - 21
 - Sunrise - 15

ACT: Next Steps

- Lessons Learned:**
 - We can and will accomplish this goal house-wide as a team.
 - We need to stay focused on the initiative.
 - Education, encouragement, feedback is critical and needs to be continued.
- Continue:**
 - Education regarding AE, alarm reduction, etc.
 - Observation by leaders rounding
 - Initiatives as planned
- Future Steps:**
 - Remove all alarms from facility/staff access.
 - Ensure new admits do not have alarms as an option.

Additional Background

- The use of the devices has not helped to reduce the number of resident falls.
- In some cases alarm devices may have contributed to falls.
- There is perceived staff over reliance on the presence of alarms to guide their work.
- Use of alarms is a resident dignity concern as they are loud, can be frightening, and do not promote a home-like environment.
- Best practice in comparable settings is to shift away from the use of alarm devices.

PLAN: Develop a Zero Tolerance Level for Alarm Devices while creating a culture of resident safety

- Staff training on vision and Advancing Excellence national strategy for quality.
- Staff training on use of frequent staff-resident interactions as a technique to safely eliminate the use of alarm devices.
- Harbor Huddles to obtain staff feedback and identify residents at risk.
- Staff rounding observing for staff-resident interactions.
- Leadership review of rounding data.
- Dry Erase Boards to provide visual cues to staff & competition between Harbors.
- Falls IDT care plan updates.

DO: Pilot initiated August 27th in all Harbors.

- Since this initiative is part of a larger cultural shift to resident-centered care, it was decided to implement the changes in all Harbors at the onset. Sharing resulting data might also drive some competition in the organization.
- An Advancing Excellence house-wide educational meeting was conducted.
- Resident and families/guardians to be updated on the implementation of this initiative via care-planning conferences.
- The Admission Handbook will be updated.

STUDY: The Results

- As of 9/11/14 there are 17 alarm devices & restraints in use which is a 20.31% reduction since the beginning of the project
- Harbor specific data on reductions is as follows:**
 - Island - 1; now 0
 - Meadow - 12; now 3
 - Snug - 9; now 2
 - Sunset - 21; now 11
 - Sunrise - 15; now 7
- The number of falls has stayed about the same; however, a some falls have occurred on non-alarmed residents.
- Staff feedback: Have expressed some hesitancy; leaders listening and encouraging
- Seems to be a quieter resident environment both in terms of verbal noise but also in resident agitation
- Huddles initiated 9/11/14 so effectiveness yet to be evaluated.
- Family and guardian acceptance: beginning to address during CP.
- Working with staff upon seeing some alarms being re-introduced.

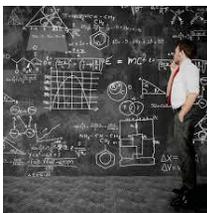
Attachment C

Training module handouts

Nursing Home Quality Improvement Project



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How to Set-up and Deploy an Improvement Project to Deliver Patient Results

Getting to Root Cause (and Avoiding) Civil Money Penalties

Through a grant funded by the Wisconsin Department of Health Services Civil Money Penalty (CMP) program, the Wisconsin Center for Performance Excellence is teaming up with area experts to offer a FREE program to nursing home providers to help you identify areas for improvement then create and implement a plan to make changes toward your quality improvement goal. This program is specifically geared to 1 and 2-star nursing homes.

Experienced quality improvement coaches will work with you to ensure you have a clear path to reach your goal and a plan to keep the momentum moving. They will show you different tools and help you understand how to use these tools to improve resident care and enhance quality of life in your nursing home. Key components of the training and coaching support are aligned with QAPI, and will focus on:

- Analyzing underlying causes of systemic quality deficiencies;
- Developing and implementing corrective action or performance improvement activities;
- Monitoring or evaluating the project impact

Each participating nursing home will receive free training, coaching and resources. Kick off training sessions will be held around Wisconsin, with virtual follow up and coaching. Learn more about the program here! Feel free to call 608-663-5300 if you have questions about the program.



Cost of the Nursing Home Performance Improvement Program is underwritten through a grant funded by the Wisconsin Department of Health Services Civil Money Penalty (CMP) project



To Do List

Throughout the workshop, keep a running "to do" list:



Activity	Who	By When



Cost of the Nursing Home Performance Improvement Program is underwritten through a grant funded by the Wisconsin Department of Health Services Civil Money Penalty (CMP) project.

Objectives and Agenda

BETTER
DASH
FASTER
CONSULTING



Objectives

1. Able to Identify and Select an Improvement Project for Your Facility
2. Start to Define Your Project
3. Identify Root Cause
4. Understand Project Expectations

Agenda

1. Looking at the Big Picture
2. Overview of Process Improvement Methodologies
3. Overview of 5X5's Story Board
4. Begin with the End in Mind – Let's See Some Examples
5. Selecting a Project
 - Identifying projects from low Five Star Rating Performance Measures and Deficiencies
 - Root Cause Analysis - Analyzing underlying causes of systemic quality deficiencies
 - Selecting your Project - Payoff Matrix
6. Create Your Project Charter
 - Defining the problem
 - Developing and implementing corrective action or performance improvement activities;
 - Monitoring or evaluating the project impact
7. Introduction to Making Change in Your Organization - ADKAR
8. Expectations and Next Steps on Project
9. Introduce Coaches / Mentors

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Better Dash Faster, LLC Core Competencies

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CONSULTING

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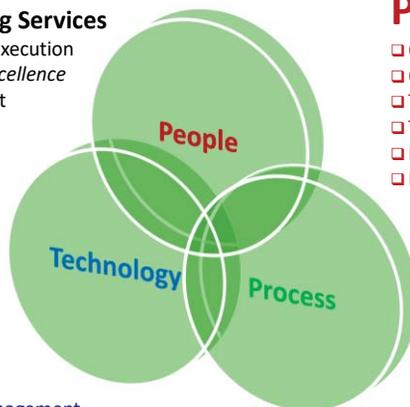


Business Consulting Services

- Strategic Planning & Execution
- Building *Centers of Excellence*
- Program Management
- Project Management
- Vendor Partnerships

Technology

- Application Development
- Service Oriented Architecture
- Database development and management
- Web/ Internet development
- Systems development and management
- Network administration and support
- E-commerce and e-business



People

- Change Management
- Organizational Design
- Training
- Talent Assessment
- Project Resourcing
- Recruiting / Staffing

Process

- Business Process Management
- Roles and Responsibilities
- Business and IT Requirements
- On-line Documentation
- Staffing Models
- Metrics

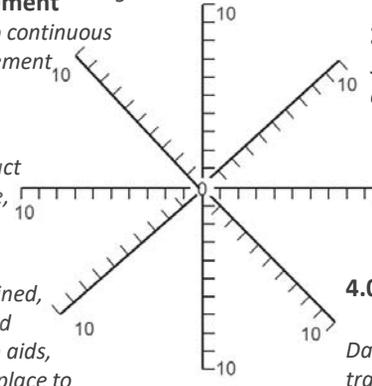
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Performance Excellence Assessment

Activity







Continuous Improvement
Overall commitment to continuous organizational improvement.

7.0 Results
Performance is tracked in key areas including customer satisfaction, product and service process/quality, workforce, and financial performance.

6.0 Operations Focus
Systems and processes are clearly defined, designed, implemented, managed, and improved for better performance. Job aids, procedures, tools, and training are in place to ensure compliance and efficient processing.

1.0 Leadership
Leadership system and structure is clearly defined and senior leaders provide vision, meaning, direction, and focus to the organization and are involved in planned improvements.

2.0 Strategic Planning
Strategic direction is clearly set with critical strategies and action plans developed and progress checked.

3.0 Customer Focus
The organization determines requirements, expectations, and preferences for Customers and other key stakeholders; and measures satisfaction.

4.0 Measurement, Analysis, & Knowledge Management
Data is selected, collected, and used for performance tracking and improvement plans. Knowledge is managed and transferred throughout the organization.

5.0 Workforce Focus
Employees are developed to utilize their full potential and aligned with organization objectives. Work environment is conducive to performance, participation, and growth.

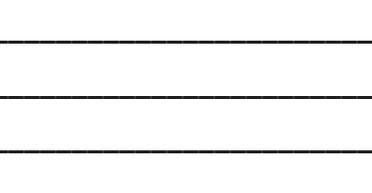




World-Class - Where Are You?

Activity







Lowest Score Category _____

- **Why is this category scored low? What is one activity that is not being done or what needs improvement in this area?**

- **Discuss Your Lowest Score Categories**





Performance Excellence Assessment

You're A "10" If...



1.0 Leadership

- ❑ Senior leaders provide Vision, Meaning, Direction, and Focus to the organization
 - ✓ Everyone knows what we are trying to accomplish
 - ✓ Everyone knows what's most important
 - ✓ Information is shared
- ❑ Senior leaders create a work environment that helps staff do their job
 - ✓ Encourage learning and growth
 - ✓ Encourage participation and collaboration

2.0 Strategic Planning

- ❑ Everyone knows the plan for the future and how they impact it
- ❑ We know if we are making progress

3.0 Customer Focus

- ❑ "Who are our customers?" and "What do they need?" are clearly defined and communicated
- ❑ We know if our members are satisfied or dissatisfied with our work
- ❑ Customer issues or problems are solved when and where they happen

4.0 Measurement, Analysis, and Knowledge Management

- ❑ Quality of work is measured, analyzed, and improved
- ❑ People know how their work measures impact the department and organization improvement measures
- ❑ People know how well we are doing

5.0 Workforce Focus

- ❑ Staff are involved in the improvement of their work
- ❑ Staff cooperate and work as a team
- ❑ Staff are encouraged to learn and grow
- ❑ Staff are recognized

6.0 Operations Focus

- ❑ People have the resources to do their work
- ❑ Who does what is clearly defined, measured, and improved

7.0 Results

- ❑ Customer are satisfied with our products and services
- ❑ Operations are efficient and meet all requirements (quantity, quality, timeliness, cost, etc.)
- ❑ Workforce capability and capacity meet demand and employees are engaged, grow, learn, and are satisfied
- ❑ Financial results are known and shared
- ❑ We implement our strategy



Criteria for Performance Excellence



Overview of Process Improvement Methodologies

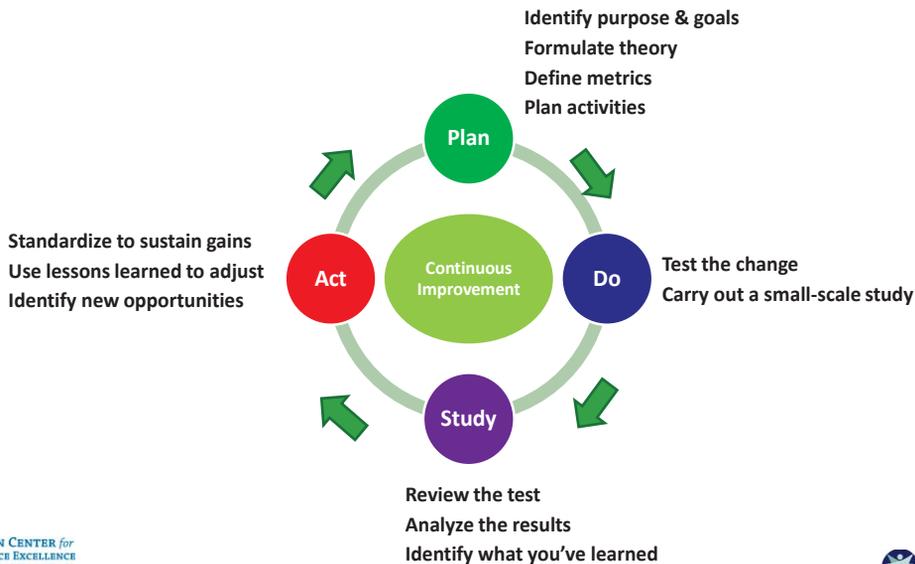


What are the common steps in each methodology?

- Plan-Do-Check-Act (PDCA)
- Define-Measure-Analyze-Improve-Control (DMAIC)
- 8-D



Plan-Do-Study-Act (The Deming Cycle)

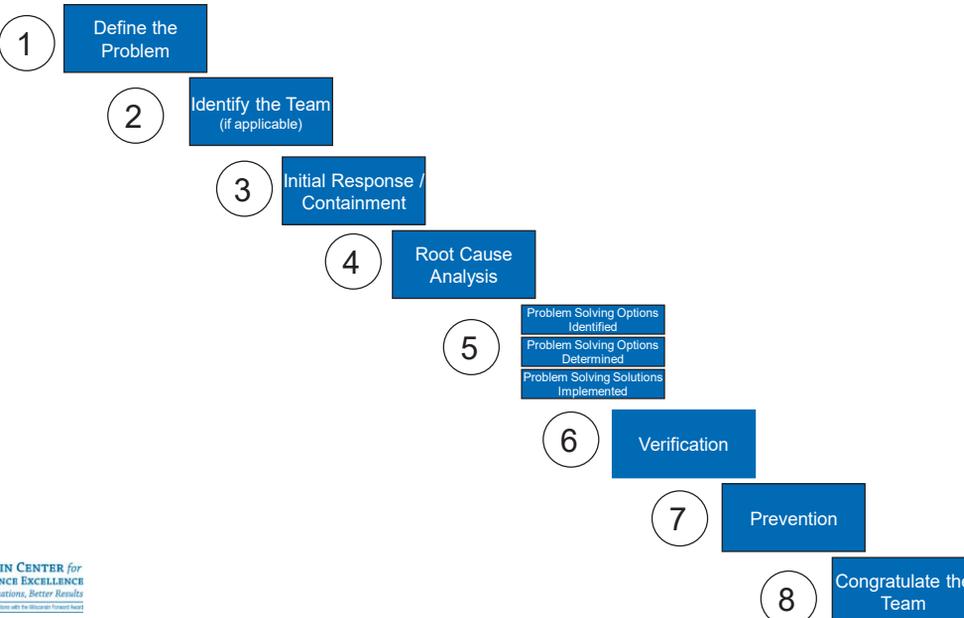


DMAIC Process Improvement Methodology



Improvement Project Implemented

8 – Discipline Process (8-D)



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Problem Solving Approaches



PDSA	DMAIC	8-D
Plan	Define Measure	Define
		Identify the Team
	Analyze	Containment / Initial Response
		Root Cause Analysis
Do	Improve	Problem Solving Options Identified
		Problem Solving Options Determined
Study Act	Control	Problem Solving Options Implemented
		Verification
		Prevention



Begin With the End in Mind



- Overview of 5 x 5
- Let's Show Some Examples



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Five by Five Presentation Kit

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Using 5 X 5

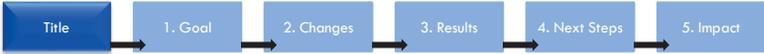
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1 of 5: Objective

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2 of 5: Changes

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3 of 5: Results

What were the **results** of your changes?

Did the changes produce a better outcome?
What were they? How much better are you
today than when you started?

Best practice: a “before and after” comparison made graphically or using a photograph.



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4 of 5: Next Steps

What are your **next steps**?

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Green Valley Behavioral Health Services

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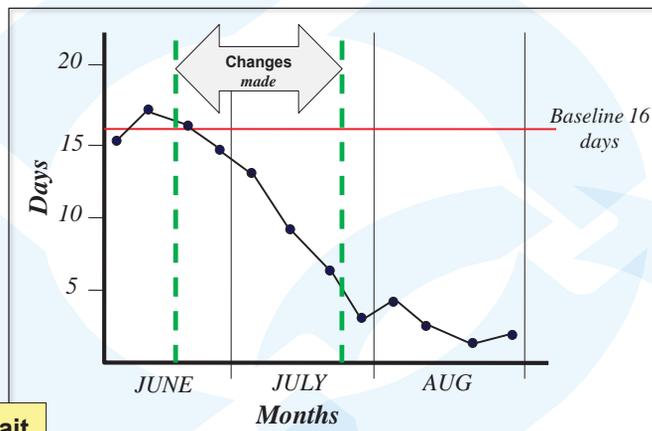
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Time
78%**

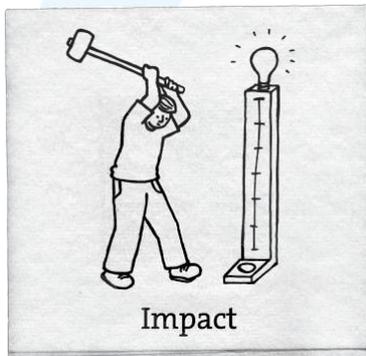
Wait time decreased from 16 to 3.5 days.

Clients seen monthly in program increased from 22 to 29

Monthly revenue from IOP sessions increased from \$16,154 to \$18,572



- ❑ Adopt daily walk-in orientation as standard procedure.
- ❑ Expand the walk-in orientation to our Holt County office.
- ❑ Create a sustainability plan to maintain the improvement.



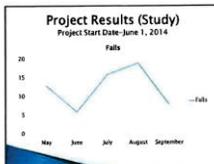
- ✓ Reputation for same day service
- ✓ 84 more clients seen each year
- ✓ \$30,000 additional revenue

Fall Reduction



Falls Reduction Project

Wisconsin Veterans Home-Union Grove



Impact (Lessons Learned)

- Focused attention on frequent fallers initially costs more time, but payoff is less time spent on falls (assessments, charting, first aid, transfer to hospital, paperwork).
- Reducing falls improves QM scores, which can lead to more referrals.
- Reducing falls increases customer satisfaction with both residents and families.

Project Aim (Plan)

- Reduce falls from an average of 15 per month to 7 per month.
- This is a 50% improvement goal.
- Location is the 2East unit of the Wisconsin Veterans Home-Union Grove
- Length of the change project is June-September 2014.

Project Results (cont.)

- Number of falls initially decreased 50%, but then spiked again due to a few speed bumps in the project (staff turnover, state and federal inspections, increase in admissions) but did level out again to 50% decrease by end of project.
- Biggest result was that a few frequent fallers went from 5-10 falls per month to zero due to focused attention.

Project Change (Do)

Changes we made:

1. Established QA/Root Cause Analysis Report for each fall.
2. Focused attention (med review, labs in some cases, review with doctors) on frequent fallers.

Next Steps (Act)

- Continue QA/Root Cause Analysis of each fall in facility
- Continue focused review of frequent fallers
- Implement new procedure of having each new admission on hourly checks for 24-72 hours. This came up towards the end of the project.
- Expand project throughout facility.



E liminate Use of Resident Alarms

Activity



Project: Eliminate the Use of Resident Alarm Devices

Site: Veterans Home-Union Grove
 Project Lead: Vicki Ruzicki, Administrator
 Project Team: Mary Zolotarek, Director of Quality; Heather Vroman, SNA Development
 Company:

AIM: Zero resident alarms in use throughout the facility within 6 months without a concurrent increase in the number of resident falls.

- Monitor Veterans nursing staff on being using safety devices designed to sound an alarm to alert nursing staff to a resident's need for assistance.
- In July 2014 the facility had a total of 80 alarm devices in use which were broken down by "color":
 - o Red - 1
 - o Medium - 12
 - o Green - 18
 - o Orange - 21
 - o Orange - 18

ACT: Next Steps

Lessons Learned:

- Stay on and well focused on the goal house-wide as a team.
- The need to stay focused on the initiative, and ready to be confident.
- Communication, transparency, feedback is critical and needs to be continued.
- Continued:
 - o Education regarding AE, alarm reduction, etc.
 - o Communication to leaders regarding a timeline as planned
 - o Focus on:
 - o Remove all alarms from facility/off access.
 - o Change new alarms do not have beeping as an option.

Additional Background

- The use of the devices has not helped to reduce the number of resident falls.
- In some cases alarm devices may have contributed to falls.
- There is pervasive staff over reliance on the presence of alarm to guide their work.
- Use of alarms is a resident safety concern as they are loud, can be triggering, and do not provide a humane environment.
- Their practice in congested settings is to shift away from the use of alarm devices.

PLAN: Develop a Zero Tolerance Level for Alarm Devices while creating a culture of resident safety

- Staff training on vision and Advancing Excellence resident strategy for safety.
- Staff training on use of resident call-system.
- Identification of alternatives to safety devices the use of alarm devices.
- Monitor facilities to collect staff feedback and identify needs for care.
- Staff rounding/rounding for staff-resident interactions.
- Leadership review of rounding data.
- Dry Clean Reports to provide visual cues to staff & compare between facilities.
- Falls 07 care plan updates.

DO: Pilot initiated August 27th in all floors.

Since this initiative is part of a larger culture shift to resident-centered care, it was decided to implement the changes in all facilities at the onset. Sharing resulting data might elicit some positive competition in the organization.

An Advancing Excellence house-wide educational meeting was conducted. Resident and family questions to be submitted on the implementation of this initiative via care-planning conferences. The Admission Handbook will be updated.

STUDY: The Results

- As of 11/15 there are 17 alarm devices in use which is a 78% reduction from 80 devices at the onset.
- Number of falls are as follows in 6 months:
 - o Red - 0
 - o Orange - 1
 - o Green - 10
 - o Orange - 10
 - o Orange - 10
- The number of falls per alarm device is as follows:
 - o Red - 0
 - o Orange - 1
 - o Green - 1
 - o Orange - 1
 - o Orange - 1
- Staff training on vision and Advancing Excellence resident strategy for safety.
- Staff training on use of resident call-system.
- Identification of alternatives to safety devices the use of alarm devices.
- Monitor facilities to collect staff feedback and identify needs for care.
- Staff rounding/rounding for staff-resident interactions.
- Leadership review of rounding data.
- Dry Clean Reports to provide visual cues to staff & compare between facilities.
- Falls 07 care plan updates.



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Let's Pick a Problem



- Identifying projects from Five Star Rating performance measures
- Resident Complaints
- What's one thing that drives you nuts?



Let's Pick a Problem

Activity



1. What is one low quality measure score you received in your 5 Star Rating?

Quality Measures Used in Five-Star Quality Measure Rating Calculations

Measure	MDS Short-Stay Measures
MDS Long-Stay Measures Percentage of residents whose ability to move independently worsened	Percentage of residents whose physical function improves from admission to discharge
Percentage of residents whose need for help with activities of daily living has increased*	Percentage of residents with pressure ulcers that are new or worsened
Percentage of high-risk residents with pressure ulcers	Percentage of residents who self-report moderate to severe pain
Percentage of residents who have had a catheter inserted and left in their bladder	Percentage of residents who newly received an antipsychotic medication
Percentage of residents who were physically restrained	Claims-Based Short-Stay Measures Percentage of residents who were re-hospitalized after a nursing home admission
Percentage of residents with a urinary tract infection	Percentage of short-stay residents who have had an outpatient emergency department (ED) visit
Percentage of residents who self-report moderate to severe pain	Percentage of short-stay residents who were successfully discharged to the community
Percentage of residents experiencing one or more falls with major injury	
Percentage of residents who received an antipsychotic medication	

Table 1
Health Inspection Score: Weights for Different Types of Deficiencies

Severity	Scope		
	Isolated	Pattern	Widespread
Immediate jeopardy to resident health or safety	J 50 points* (75 points)	K 100 points* (125 points)	L 150 points* (175 points)
Actual harm that is not immediate jeopardy	G 20 points	H 35 points (40 points)	I 45 points (50 points)
No actual harm with potential for more than minimal harm that is not immediate jeopardy	D 4 points	E 8 points	F 16 points (20 points)
No actual harm with potential for minimal harm	A 0 point	B 0 points	C 0 points

Note: Figures in parentheses indicate points for deficiencies that are for substandard quality of care. Shaded cells denote deficiency scope/severity levels that constitute substandard quality of care if the requirement which is not met is one that falls under the following federal regulations: 42 CFR 483.13 resident behavior and nursing home practices, 42 CFR 483.15 quality of life, 42 CFR 483.25 quality of care. * If the status of the deficiency is "past non-compliance" and the severity is Immediate Jeopardy, then points associated with a "G-level" deficiency (i.e., 20 points) are assigned. Source: Centers for Medicare & Medicaid Services

2. What is one area of deficiency you received in your Survey?

Total Number of Health Deficiencies	Total Number of Fire Safety Deficiencies	Scope and Severity of Most Severe Health Deficiency	Scope and Severity of Most Severe Fire Safety Deficiency	Count of Immediate Jeopardy Deficiencies on Safety Deficiency Health Survey	Count of Immediate Jeopardy Deficiencies on Fire Safety Survey	Count of Severe Deficiencies on Health Survey	Count of Severe Deficiencies on Fire Safety Survey	Count of Substandard QOC Deficiencies on Health Survey	Count of Administration Deficiencies	Count of Environmental Deficiencies	Count of Mistreatment Deficiencies	Count of Nutrition and Dietary Deficiencies	Count of Pharmacy Service Deficiencies	Count of Quality of Care Deficiencies	Count of Resident Assessment Deficiencies	Count of Resident Rights Deficiencies
-------------------------------------	--	---	--	---	--	---	--	--	--------------------------------------	-------------------------------------	------------------------------------	---	--	---------------------------------------	---	---------------------------------------

3. What are the top 1 or 2 resident complaints?

4. What's one thing that drives you nuts?



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Jefferson Memorial

- American Tourists / General Public
- Congress
- Park Maintenance

What Would You Do?



The stones in the Jefferson Memorial

Problem - *are deteriorating badly*

Why?

Why?

Why?

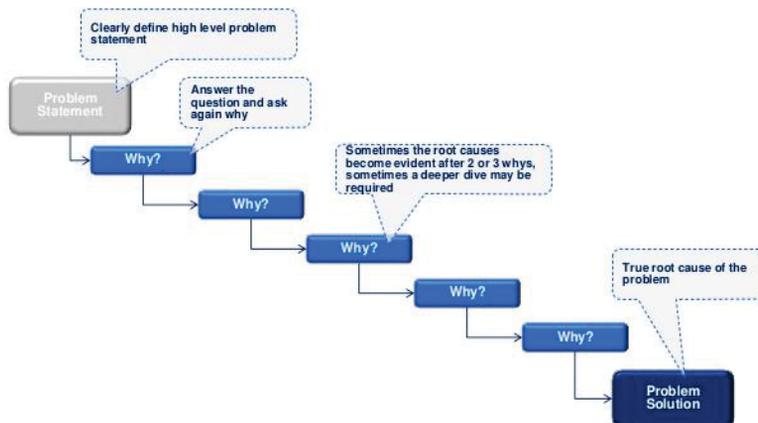
Why?

Why?

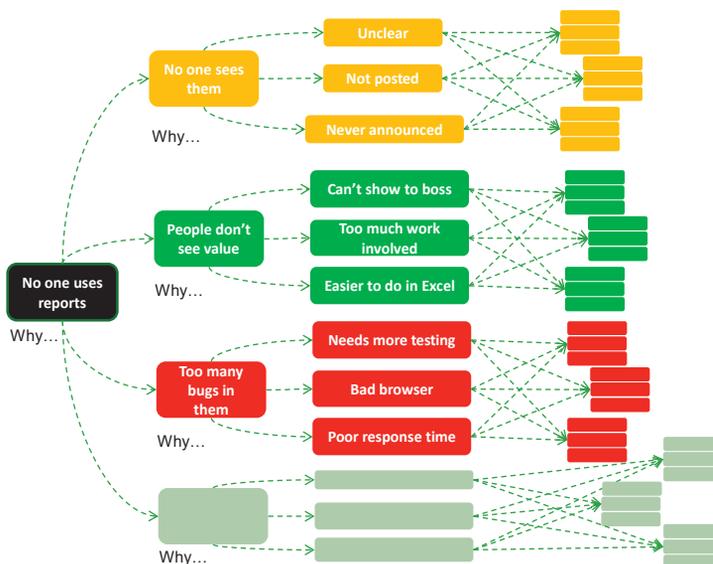
Solution:



Root Cause Analysis 5 Whys



Root Cause Analysis 5 Whys



5 – Why Analysis



Advantages

- Quick method to identify root cause
- Helps identify interactions between causes
- Method can be understood quickly

Disadvantages

- May not always find true root cause – stop early
- May isolate single root cause where others may exist
- Results may vary – different results can be achieved based on questions and responses

Note: 5 why analysis is a good tool for initial root cause analysis. Further investigation may be required to truly identify all causes. 5 why (3x's) is often used to dig deeper into actual causes.



Turn Issues into Project

Activity



1. Review your 5 Why Diagrams
2. Identify issues
3. Convert to “Project”
4. Write each project on a separate sticky note



Selecting a Project

Tool: Payoff Matrix /PACE Diagram



PAYOFF / IMPACT	Big Payoff / Impact	High Priority P riority (easy to do, payback BIG)	Breakthrough C hallenge (hard to do, payback BIG)
	Small Payoff / Impact	Quick Hit – Low Hanging Fruit A ction (easy to do, payback OK)	Least Worthy E liminate (hard to do, payback OK)
		Easy Implementation	Tough Implementation
IMPLEMENTATION			



Selecting a Project

Tool: Payoff Matrix



PAYOFF / IMPACT	Big Payoff / Impact	High Priority IVC. Develop and design form and data flow IE. SIGNATURE PADS IVE. Improve forms design IVD. Research best practices IVB. Create data flow from core system to forms	Breakthrough IVF. Set-up next review dates standards IVC. Develop on-line process and procedures IB. CRM – HAVE REPORT & RECOMMENDATIONS IC. ON-BASE IIA. Maximize ALP System capabilities IVB. Develop high level of processes IVD. Set-up process owners & product champions IA. Integrate On-line Member-entered data III. Create Service Standards IIC. Research loan limits (Level 1=I, II, III) IID. Develop "Loan Authority Limit" Certifications and Training (I, II, III) IVA. Set-up documentation infrastructure & template IIIB. Electronic Signatures*
	Small Payoff / Impact	Quick Hit – Low Hanging Fruit ID. SECURE E-MAIL IIIG. Reduce / Eliminate Coupon Books IIIA. Optimize Scanning Capabilities MEMBER DOCUMENTATION IIIC. Desktop Faxing IIIF. Convert to electronic Default - Create Member Experience / Preference Standard MEMBER DISCLOSURES & SIGNATURES Visa New Account Disclosures Home Equity - ETC	Least Worthy IH. Streamline Tracking systems Funding / Checks IF. Set-up follow-up and reminders IIID. Eliminate Hardcopy Files IIIE. Create Electronic File Standards
		Easy Implementation	Tough Implementation
IMPLEMENTATION			



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DELIVERABLE
Project Charter: _____
Team Name

Team / Resources		Timeframe	
Project Sponsor		Date Chartered	
Team Lead/Bus. Owner		Expected Completion Date	
Team Members		Estimated Costs / Resources	
Support/Resource People	<i>Who will we need assistance from besides the team members?</i>	Team Member Time	
		Facilitator	
		Misc. Expenses	
Project Issues, Mission and Goals		Expected Results	
Problem Statement	<i>In one sentence, what's the problem?</i> TBD	<i>What will be in place when we are done?</i> <input type="checkbox"/> TBD <input type="checkbox"/>	
Issues to be addressed	<i>What problems or opportunities will the team solve?</i> <input type="checkbox"/> TBD <input type="checkbox"/>	Responsibilities and Boundaries	
Project Mission / Vision	<i>What is the purpose of the team? What process will be improved?</i> <input type="checkbox"/> TBD	<i>What areas will the team look at?</i> <input type="checkbox"/> TBD <i>What areas will the team NOT look at?</i> <input type="checkbox"/> TBD	
Project Goals	<input type="checkbox"/> TBD <input type="checkbox"/>	Risks and Dependencies	
Success Measures / Benefits / Business Case		<input type="checkbox"/> TBD	
<i>What measure(s) will be used to determine success?</i>			
Improved resident care / service	<input type="checkbox"/>		
Improved use of resources	<input type="checkbox"/>		
Increased engagement	<input type="checkbox"/>		

Work Packages	Upcoming Tasks
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>




PlanActivity

Project and Team Name



No	Project	Project Name	Team Name	Problem Statement / Elevator Speech
1				
2				
3				
4				
5				

Project Name: _____

Team Name: _____

Problem Statement: _____

In one sentence, what's the problem?

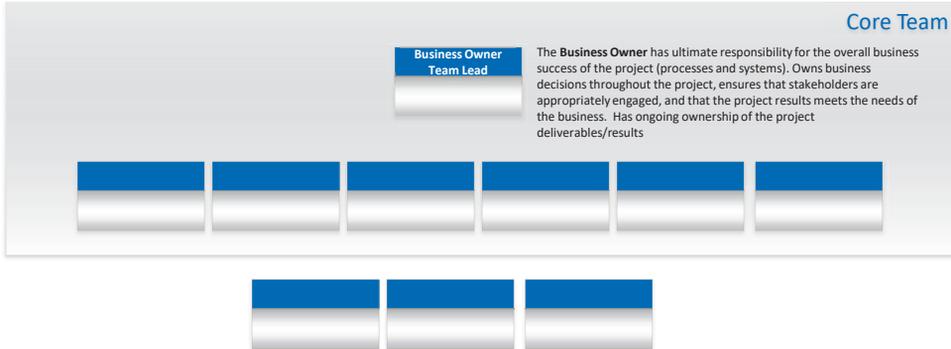



Plan - *Who's should be on the team?*
Team Structure

Activity



- Project Sponsor is accountable for the following:
- Champions the project at the executive level
 - Initiates the project and facilitates the development of the business case
 - Approves the project's overall goals and objectives
 - Provides a written sign-off (approval) on the project charter
 - Assists the project team in the resolution of problems as needed
 - Reviews project at all major milestones
 - Ensures that the project is adequately staffed and has the resources it needs to complete the project.
 - Establishes with the project team a common approach to major issues that arise
 - Ensures the project team receives higher level decisions on time
 - Provide guidance to the project team



Plan - *Who's should be on the team?*
Team Roles and Responsibilities

Activity



Team Role	Responsible For	Lead / Team
Project Sponsor	<ul style="list-style-type: none"> • Accountable for removing barriers and ensuring the team's success • Provides updates and status to other Executives 	
Team Lead / Business Owner	<ul style="list-style-type: none"> • Accountable for leading and guiding the team to meet the project goals and producing the agreed deliverables within the timeframe 	
Team Member	<ul style="list-style-type: none"> • Individuals formally assigned to the team who contribute time, skills, and effort 	
Subject Matter Experts	<ul style="list-style-type: none"> • Provides need expertise knowledge, and experience on a technical topic or process 	
Communication Director	<ul style="list-style-type: none"> • Identifies and helps develop team communication plan 	
Process	<ul style="list-style-type: none"> • Gathers and maintains team's core process work (current and future state) 	
Data Collector	<ul style="list-style-type: none"> • Gathers and maintains team's data collection work • Helps analyze collected data 	
Facilitator	<ul style="list-style-type: none"> • Serves as the Lean/Six Sigma expert, provides coaching / expertise throughout the project and is accountable for establishing and meeting the timeline 	



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0.0 Organize Team - *What's the high-level problem, goals, and objectives?*

Project High-level Goals

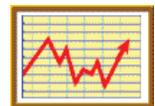


Issue	Project Goal
<p>1. Cultural Issues</p> <ul style="list-style-type: none"> Awareness of cost / time and resources Does this add value? Do we really need a meeting? Can it be done another way? Culture of "it's ok to have a poor meeting" Lack of accountability Lack of sense of urgency / execution Conflict is not "encouraged", "everyone has to be happy" 	<p style="font-size: 2em; color: green; transform: rotate(-15deg);">Example</p> <p>Improve the effectiveness of our meetings:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reduce the overall number of meetings <input type="checkbox"/> Reduce the overall time spent in meetings <input type="checkbox"/> Increase the level of preparedness <input type="checkbox"/> Increase the number of action items completed <input type="checkbox"/> Decrease the cost and amount of meeting paper <input type="checkbox"/> Increase efficiency and competency of meeting facilitators <ul style="list-style-type: none"> <input type="checkbox"/> Objectives/agenda were provided ahead of time <input type="checkbox"/> Were the right people there? <input type="checkbox"/> Agenda was followed <input type="checkbox"/> Meeting was run properly <input type="checkbox"/> Action items were documented / followed-up on
<p>2. We Don't Plan and Prepare for Our Meetings</p> <ul style="list-style-type: none"> Timely agendas No clearly defined objectives / expectations Logistics – wrong room, wrong equipment Do not have the right people in the room Too many people invited 	
<p>3. People Running the Meetings Lack the Skills</p> <ul style="list-style-type: none"> How to run a meeting Staying on task and on time 	
<p>4. People's Behavior in Meetings</p> <ul style="list-style-type: none"> Come late Side conversations Talk too much – not able to make a concise point 	
<p>5. We Don't Effectively Use Meeting Technology</p> <ul style="list-style-type: none"> Effective use of Outlook and scheduling SharePoint Projection units Smart boards Remote desktop 	
<p>6. Most Meetings Do Not Have Action Items / Follow-up</p> <ul style="list-style-type: none"> Capturing action items Capturing meeting "minutes" / decisions No accountability / consequences Duplication of Effort – different teams working on the same thing 	



Success /Progress Measures

Activity



- How will we know we are successful?

Measure	How Measured	Who

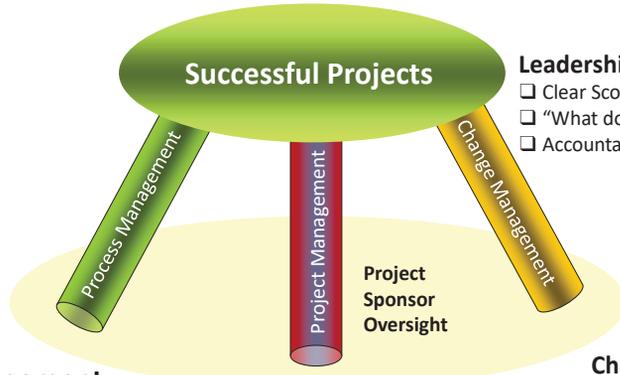
- What questions do we need to answer?

Question	Data to Collect	Who



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Best Practices in Successful Projects



Leadership / Project Sponsor Oversight

- Clear Scope and Expectations
- "What do you need?"
- Accountability

Process Management

- LEAN / Eliminating Waste
- DMAIC
- Clearly Defined Process / Procedures

Project Management

- Dates
- Dollars
- Deliverables

Change Management

- Prepare for Change
- Manage the Change
- Reinforce the Change



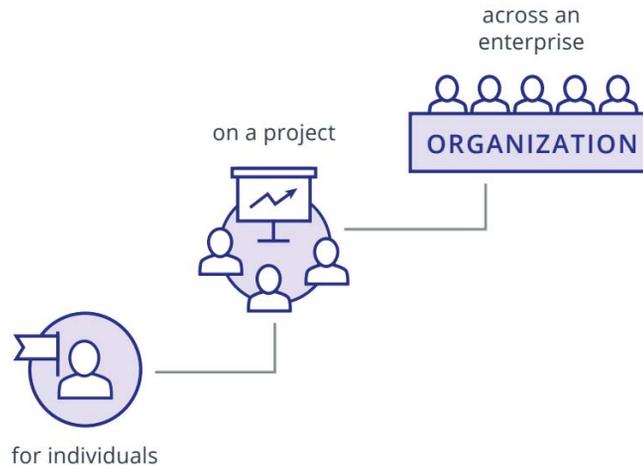
Change Management for Individuals ADKAR Process



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Change Management Happens at Three Levels

BETTER
DASH
FASTER
CONSULTING



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of HEALTH SERVICES 49

Prosci ADKAR Process

BETTER
DASH
FASTER
CONSULTING

ADKAR

1. **Awareness** of the need for change
2. **Desire** to make the change happen
3. **Knowledge** about how to change
4. **Ability** to implement new skills and behaviors
5. **Reinforcement** to retain the change once it has been made



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ADKAR Process



Phase	Sample Enablers
A	<ul style="list-style-type: none"> ▪ Access to information ▪ Marketplace, customer, financial reasons for the change ▪ Implications of not changing
D	<ul style="list-style-type: none"> ▪ Discontent with current state ▪ Compelling future state vision ▪ Personal & organizational consequences of not changing ▪ Opportunity for involvement in the change
K	<ul style="list-style-type: none"> ▪ Training ▪ Examples
A	<ul style="list-style-type: none"> ▪ Practice with new skills ▪ Coaching, mentoring, feedback ▪ Remove barriers
R	<ul style="list-style-type: none"> ▪ Performance expectation changes ▪ Recognition ▪ Compensation, incentives ▪ Celebrations



How ADKAR Works - Stakeholder Analysis



Stakeholder	Awareness	Desire	Knowledge	Ability	Reinforcement
Advisory Council	1	1	1	1	1
Senior Leaders	4	3	2	2	3
Department Heads	4	4	3	3	4
Supervisors	1	1	1	1	1
Frontline Staff	4	4	3	2	3
IT	4	4	3	2	3
Finance	2	3	2	2	3
Human Resources	3	1	3	2	3
Marketing / Comm.	3	3	3	3	3
First Time Claimants	1	1	1	1	1
Employer	4	2	3	3	3
State Legislator	2	1	1	1	2



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How ADKAR Works - Communication, Training, and Marketing Plan



Communication Plan



Audience	Key Messages	Channel/ Vehicle	Preparer	Sender	Timing / Frequency	Status
January 2008						
Dan Nichols	Executive Sponsor Meeting <ul style="list-style-type: none"> □ Issue Resolution □ Communication plan □ Loan Origination Team □ IT Strategy Update □ Measures 	F2F	Amy	Linda, Sherry, Pete, Wally, Ann, Amy	Jan 3, 17, 31	Schedule?
Dan Nichols	Program Gate	F2F	Amy	Linda, Sherry, Pete, Wally, Ann, Amy	Early Jan	
Lending Specialists/CCR/Processors	Kick-Off (Using regional deck) <ul style="list-style-type: none"> □ Process / Validation □ Project Plan, Training, Comm □ Opportunities for Involvement 	F2F	Linda	BPTeam	Jan 11 9:30-11:00	Include CCR
Lending Staff Update	15 min update Prewrite on gather using prototype Exercise	Teleconf	Chris	BPTeam	Jan 8/15	
Regional Manager Interview	BPTeam interviews and feeds benefits broken up by region Reinforcement of top 3 process issues (tdefined by top 10) Process cheat sheet and 1 month to coach	Sub team	Wally	?	By 12/31/07	Issue and potential current state solution
Leaders on Outlook	Dan and Carol- Ann/Sherry Pete, Jack – Linda/Chris	F2F	Ann	Ann/Sherry Linda/Chris	By Jan 30	
Regional Managers	requirements Benefits Change management workshop Set up sales and pipeline management <ul style="list-style-type: none"> □ Expectations □ Roll-up calls □ Past Dues 	F2F	BPTeam/Dan	Chris/Wally	Jan 16	
All staff	2007 recap and view forward voice mail from Dan	Vmail/PC	Ann	BPTeam/Dan	Monthly	



Change Management Overview



Change Management Plans



Utilizing a process, tools, and techniques to understand and manage gaps in the people side of change to achieve the desired outcomes



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Change Management Method



Assess change to identify how much change management is needed.

Determine the resources and sponsorship required to support people change management for your project.

Use the assessments completed in the Prepare for Change phase to develop customized and actionable change management plans.

In addition, these plans are implemented, progress is tracked, and plans are adjusted as required.

The components to this phase include collecting and analyzing feedback, diagnosing gaps, managing resistance, implementing corrective action, and celebrating successes.

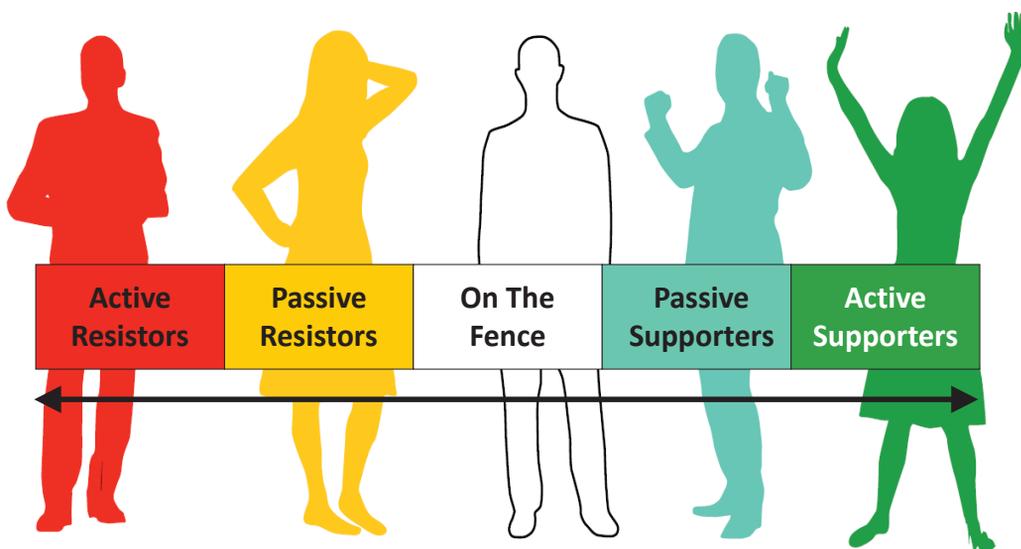


1.2 Prepare for Change Personal Responses to Change



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1.2 Prepare for Change Acceptance of Change



1.2 Prepare for Change How To Interact With Each Type



Response Type	How to Interact
Active Supporter	Exchange perspectives to understand what they see which others do not
Passive Supporter	Help them vocalize their feelings more, either 1/1 or in group settings
On The Fence	Ask them about the barriers they see and what they like and dislike
Passive Resistor	Talk with them more in private, encourage them to voice concerns, they may feel "beat-up" in past changes, encourage them to ask questions of their leaders
Active Resistor	Exchange perspectives to understand what they see which others do not, allow them to vent their feelings privately, demonstrate understanding of their concerns, help them see what is under their control and what isn't, try to understand their past experiences



1.2 Prepare for Change

Strategies for Overcoming Resistance /Gaining Acceptance



1. Acknowledge the concerns that people have
2. Encourage dialogue to surface issues and concerns. Listen to views expressed and acknowledge feelings
3. Focus on creating understanding of the business case for change and the cost of not changing
4. Look for ways to involve and engage others
5. Allow resistance to be part of a balanced perspective on the reality of change, in other words, give it validity to keep it from going underground
6. Don't spend a lot of time and energy to convert those that are actively blocking the change.



Required DELIVERABLE

Communication Plan



Timing

- Big disruptive change – begin as soon as possible – discuss external drivers for the change
- Moderate change – adequate time before change
- Small change – part of implementation

Sender

- Secretary
- Senior leaders
- Department Head
- Supervisor

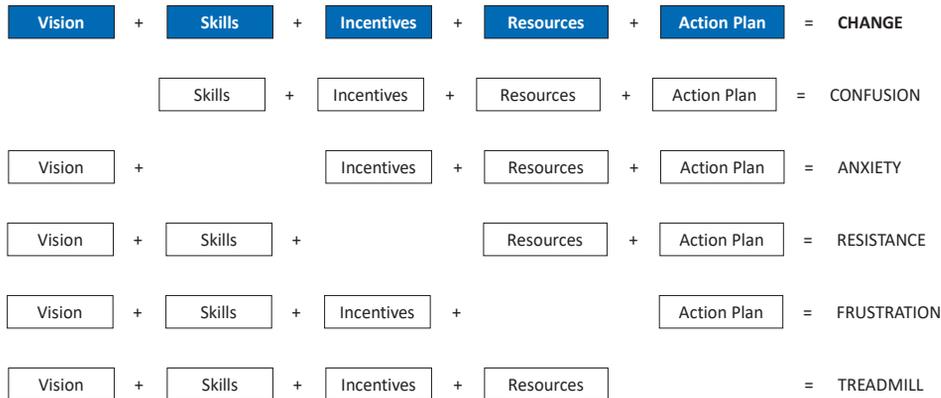
Audience	Key Messages	ADKAR Step	Delivery Mechanism	Writer	Sender	Target Completion Date	Target Rollout Date	Status

Key Message

- Why the change is needed
 - Potential consequences or risk if no change is made
 - Customer needs or expectations
 - How ext. and int. issues impact organization
- Current performance level
 - Performance measures, financial, and benchmarks
- Objectives for the change
- Nature of the change (high-level)
 - Describe the change, how it aligns with vision / direction, what will change, what's known / not known



Managing Complex Change



Results of Process Management

How have you used this to improve performance in other organizations and what was your role? Were you training others to use process mapping or was leading a team as a consultant?



Process Project	Results
City of Oshkosh Site Review Process	<ul style="list-style-type: none"> Existing Process Annual Cost = \$670,000 3 Yr Investment = \$84,000 Future State Annual Savings = \$300,000 <p>775% ROI</p>
Credit Union Loan Redesign	<ul style="list-style-type: none"> Existing Process Annual Cost = \$125,000 3 Yr Investment = \$30,000 Future State Annual Savings = \$67,000 Increased Loan Volume by 20% Increased Non-Interest Income by \$100,000 <p>464% ROI</p>
Insurance Commercial Claims	<ul style="list-style-type: none"> Implement best practices in Process Management, Process Improvement, and Change Management. Savings of over \$10 million.
Insurance Claims	<ul style="list-style-type: none"> \$18 million claims processing system for department of 116 FTEs. Managed claims review that resulted in a \$12 million savings in first 9 months. Designed future state processes, roles, and organizational structure with staffing model; managed the development of all training; designed department and individual balanced scorecard measurement system. ROI of over 300% fully realized in 2 years. Project was regarded as a complete turnaround of failing department. Recognized by InfoWorld as one the Top 10 IT projects in the US.



Cost of the Nursing Home Performance Improvement Program is underwritten through a grant funded by the Wisconsin Department of Health Services Civil Money Penalty (CMP) project.

Next Steps and Expectations



1. **Complete your work in Google Drive**
 - a. Project Charter
 - b. 5x5
 - c. Communication / Roll-out

2. **90 min Web-Ex Meeting – 3rd or 4th week of March**
 - a. Progress Report Out
 - b. Questions
 - c. Share Best Practices

3. **You Contact Us if You Need Help**

4. **Complete your project by April 15th (Tax Day)**
 - a. Upload your 5 x 5 presentation



ABOUT YOUR FACILITATOR Walter Jankowski



Walter Jankowski has been a Consultant/Trainer for the last 15 years working with a wide-variety of insurance, financial, service, and manufacturing organizations. He currently is the owner and principle in **Better Dash Faster, LLC**, a Madison consulting firm. You may ask, “*What’s a Reinvention Consultant?*” Walter helps senior leaders reinvent their operations by helping them figure out how to improve their organization’s performance.

Walter has facilitated and trained all over the State of Wisconsin, Minnesota and several international venues in performance improvement. He has extensive experience in developing leaders, developing and **implementing** strategic plans, and providing other organizational improvement services for businesses, governments, school systems, and not-for-profit organizations. He has also trained thousands of senior leaders, supervisory managers, and front-line workers in the principles of leadership, quality, continuous improvement and team development.

Walter earned his Masters Degree in Engineering from the University of Wisconsin-Milwaukee. He has been an active member of the Madison Area Quality Improvement Network, has been a senior examiner for the Baldrige-based Wisconsin Forward Award, and is also certified in Covey Training.

As an experienced trainer and facilitator, he has a unique blend of technical and interpersonal skills that make him successful in the specialized technical workplaces of today. Walter’s goal is to help organizations become more effective by helping to unleash the potential in everyone and utilize that wealth of knowledge for improvement.

Walter Jankowski

reinvention consultant

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Attachment D

Skaalen Nursing and Rehabilitation: Pain Management

PAIN MANAGEMENT PERFORMANCE IMPROVEMENT PROJECT

SKAALEN NURSING & REHABILITATION CENTER



PROJECT AIM

- To reduce the number of residents reporting moderate to severe pain by 5% each quarter.
- We use the Casper QM Reports data to measure our progress towards our goal.
- Length of project will continue for one year.
- Location is Skaalen Nursing & Rehabilitation Center in Stoughton, WI.



PAIN MANAGEMENT PIP ACTIONS IMPLEMENTED:

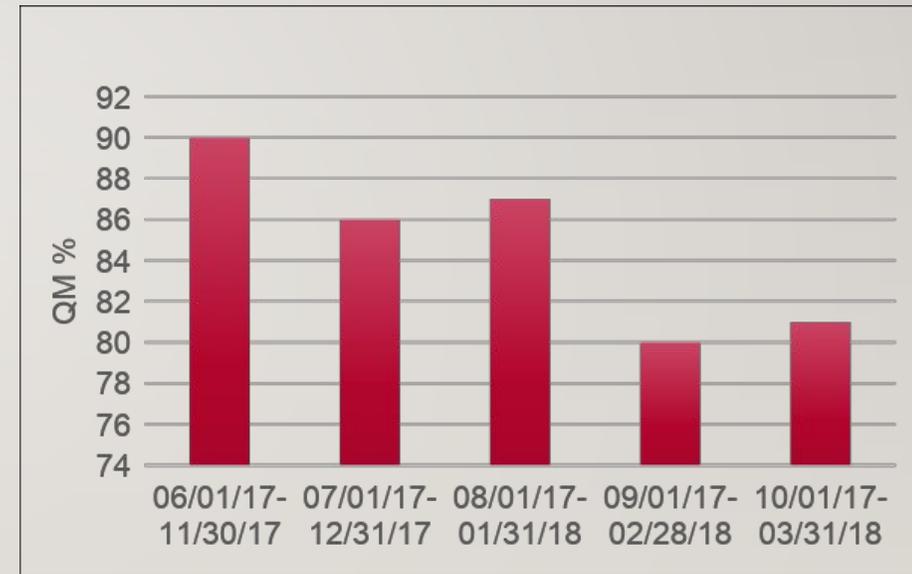
- New **Pain Level Questions** added to MARs every shift.
- New **Descriptive Pain Scales with Faces Pain Scales** on the back posted in all resident rooms and reviewed upon admission and when asking what their pain levels are.
- New **Pain Management Pamphlet**.
- Monitor **“Resident Pain Assessment Interviews”** in MDS.
- Pain management reviewed before therapy, treatments or wound care.
- New **“Pain Questionnaires”** done within 5-7 days after admission and again within 24 hours of discharge.
- **Training** with nursing staff on pain S & S, types of pain and interventions.



RESULTS

SKAALEN QM SEVERE/MODERATE PAIN FOR SHORT TERM RESIDENTS

<u>Measure Descriptions and Report Periods</u>	<u>Skaalen Group Nat. %</u>
06/01/17-11/30/17	90
07/01/17-12/31/17	86
08/01/17-01/31/18	87
09/01/17-02/28/18	80
10/01/17-03/31/18	81



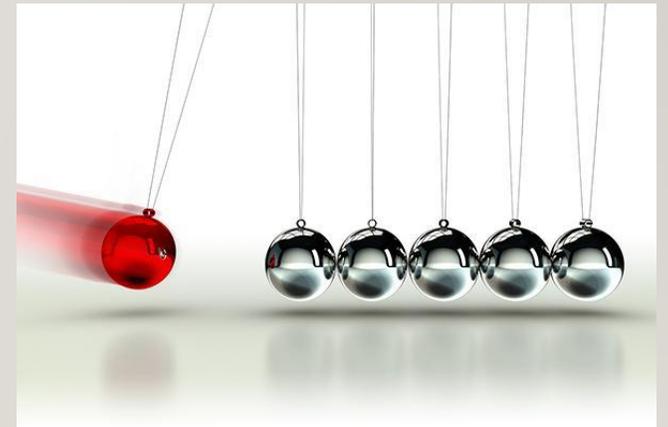
NEXT STEPS

- Increase staff participation in using descriptive and faces pain scales when discussing pain levels with residents.
- Increase use of scheduled pain medication prior to therapy.
- Create a sustainability plan to maintain the improvement.



IMPACT

- Skaalen's residents' pain is decreasing due to new processes put in place.
- Residents and staff have an increased understanding on the options available for pain management at Skaalen.
- Residents' willingness to participate in therapy has increased due to new pain interventions.



Attachment E

Hillview Healthcare Center: Decrease Skin Concerns
Relate to Incontinence



LA CROSSE COUNTY

**(PIP) Performance Improvement Plan Decrease
number of skin concerns related to
incontinence**



Hillview Health Care Center

The truth behind resident's skin issues....

• Quality Measures

A lot of skin concerns

What do we want to accomplish?

- Clear expectations
- Know the residents
- Communicate changes
- Print and understand daily assignments
- DECREASE SKIN ISSUES

• Who will be involved?

• Admin team, Nurse Managers, CNAs , QAPI team

Timeline: measure daily for 4 weeks

Goal is for staff to toilet successfully greater than 97% each day for at least 4 days each week for 4 weeks=success

% of Residents toileted successfully

Monday

Tuesday

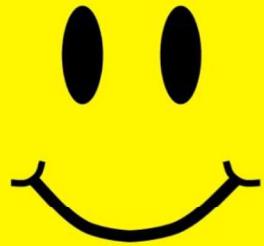
Wednesday

Thursday

Friday

Saturday

Sunday



How do we know we are successful?

- Quality Measure reports show less residents with skin issues
- Decrease incontinence products used \$\$\$\$ savings
- Decrease wound supplies used \$\$\$\$ savings
- Staff know our residents better
- Staff know what is expected of them
- Increase in resident satisfaction
- Increase in staff satisfaction

Celebrate success with a pizza party!

Invite the next 3 halls that will be tracking to get into the spirit of the success for our residents skin!

Continue to monitor and bring results to QAPI

