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)
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 5x5 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 / Resources**

<table>
<thead>
<tr>
<th>Project Sponsor</th>
<th>Team Lead/Bus. Owner</th>
<th>Team Members</th>
</tr>
</thead>
</table>

**Support/Resource People**

Who will we need assistance from besides the team members?

## Project Issues, Mission and Goals

### Problem Statement

In one sentence, what’s the problem?

TBD

### Issues to be addressed

What problems or opportunities will the team solve?

- TBD
- 
- 

### Project Mission / Vision

What is the purpose of the team? What process will be improved?

- TBD
- 
- 

### Project Goals

- TBD
- 
- 

## Success Measures / Benefits / Business Case

What measures will be used to determine success?

- Improved resident care / service
- Improved use of resources
- Increased engagement

## Timeframe

<table>
<thead>
<tr>
<th>Date Chartered</th>
<th>Expected Completion Date</th>
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</thead>
</table>

## Estimated Costs / Resources

<table>
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<tr>
<th>Team Member Time</th>
<th>Facilitator</th>
<th>Misc. Expenses</th>
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</thead>
</table>

## Expected Results

What will be in place when we are done?

- TBD
- 
- 

## Responsibilities and Boundaries

What areas will the team look at?

- TBD
- 

What areas will the team NOT look at?

- TBD
- 

## Risks and Dependencies

- TBD

## Work Packages

- 
- 
- 

## Upcoming Tasks

- 
- 
- 

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**DELIVERABLE**

**Wisconsin Center for Performance Excellence**

Better Organizations, Better Results

**Wisconsin Department of Health Services**
Attachment B

5 x 5 presentation format
Five by Five Presentation Kit

Telling your story in five minutes with five slides
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 was the result 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

Wisconsin Center for Performance Excellence Nursing Home Improvement Project
Decrease wait time between 1\textsuperscript{st} contact and 1\textsuperscript{st} treatment for IOP\textsuperscript{*} 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

Wisconsin Center for Performance Excellence Nursing Home Improvement Project
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 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

Wisconsin Center for Performance Excellence Nursing Home Improvement Project
- 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

Wisconsin Center for Performance Excellence Nursing Home Improvement Project
Fall Reduction

Falls Reduction Project
Wisconsin Veterans Home—Union Grove

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 (Study)

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 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 (read 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

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

- Major hours during peak periods have been using safety alarms where residents are not alert to safety hazards.
- In July 2014 the facility has a total of 30 alarm devices in use which was reduced by "Reducing Falls"

- Initial - 12
- Midyear - 12
- Snap - 9
- Surface - 21
- Gunna - 19

ACT: Next Steps
- Lessons Learned:
  - We can and will accomplish this goal house-by-house.
  - We need to stay focused on the initiative.
  - Risk, policy, expectations, feedback, critical and needs to be continued.

- Quick wins:
  - Education regarding falls, alarm reduction, etc.
  - Observation to reduce hollowness

- Future Steps:
  - Removal of alarms from facility/staff access.
  - Ensure that staff 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 the devices may have contributed to falls.
- There is perceived staff use reliance on the presence of alarms to guide their work.
- Use of alarms is a residents daily concern as they associate these devices with a hostile environment.
- Bonding in or compassionate sadness is to drift 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 evidence-based strategies for falling.
- Staff training on use of portable false-motion sensors to improve resident safety without the use of alarm devices.
- Harbor Hill's ability to assist staff/senior and identify residents at risk.
- Staff coordinating learning to staff resident/care teams.
- Staff needing to work in a collaborative environment.
- Staff training for providers about care to staff 6.
- Staffing new between Harbor Hill.
- Falls CT scan patient updates.

DO: P彩虹 initiated August 25th in all Harbor.

- Since this initiative is part of a larger cultural shift to resident-centered care, it was decided to implement the changes in all areas at the same time. Sharing results with other teams and staff faculty may contribute to some complacency in the organization.
- An Advancing Excellence hands-on event was conducted.
- Residents and family/approval to be updated on the implementation of this initiative in care planning conference.
- The Admission Handbook will be updated.

STUDY: The Results

- As of 7/26 there were 27 alarm devices & currently in use which is
  - Patient safety day on admission as a binder
  - Ideal - 12
  - Midyear - 12
  - Snap - 9
  - Surface - 21
  - Gunna - 19

- The reduction of alarms has improved the work environment, a sense of
  - Staff's ability to reduce delays, respect
  - Staff's ability to work on interdisciplinary, resident's health
  - Staff in the form of shared, team-oriented, collaborative care.
  - Patients and residents are encouraged to express their needs, happiness, concerns, and the environment

- To identify and reduce the number of alarms in use, we are committed to
  - Monitoring and ongoing evaluation of the initiative, training, feedback, monitoring.
  - Enhancing and maintaining a culture of resident safety, feedback, ongoing evaluation.
Attachment C

Training module handouts
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.

To Do List
Throughout the workshop, keep a running “to do” list:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Who</th>
<th>By When</th>
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</table>
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.
### Performance Excellence Assessment

**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.

**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.

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

### Continuous Improvement
Overall commitment to continuous organizational improvement

### World-Class - Where Are You?

**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

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**Overview of Process Improvement Methodologies**

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

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

- **Plan**
  - Identify purpose & goals
  - Formulate theory
  - Define metrics
  - Plan activities

- **Do**
  - Test the change
  - Carry out a small-scale study

- **Study**
  - Review the test
  - Analyze the results
  - Identify what you’ve learned

- **Act**
  - Standardize to sustain gains
  - Use lessons learned to adjust
  - Identify new opportunities
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### Problem Solving Approaches

<table>
<thead>
<tr>
<th>Plan</th>
<th>DMAIC</th>
<th>8-D</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Define Measure</td>
<td>Define</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Identify the Team</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Containment / Initial Response</td>
</tr>
<tr>
<td>Analyze</td>
<td></td>
<td>Root Cause Analysis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Problem Solving Options Identified</td>
</tr>
<tr>
<td>Do</td>
<td>Improve</td>
<td>Problem Solving Options Determined</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Problem Solving Options Implemented</td>
</tr>
<tr>
<td>Study Act</td>
<td>Control</td>
<td>Verification</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prevention</td>
</tr>
</tbody>
</table>

### 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

Telling your story in five minutes with five slides

Using 5 X 5

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- 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

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Identifying projects from Five Star Rating performance measures

Resident Complaints

What’s one thing that drives you nuts?

Let’s Pick a Problem

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

<table>
<thead>
<tr>
<th>Measure</th>
<th>Score</th>
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<tbody>
<tr>
<td>MDS Short Stay Measures</td>
<td></td>
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<tr>
<td>Percentage of residents whose physical function improves from admission to discharge</td>
<td></td>
</tr>
<tr>
<td>Percentage of residents with pressure ulcers that are new or worsened</td>
<td></td>
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<tr>
<td>Percentage of residents with severe pain</td>
<td></td>
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<tr>
<td>Percentage of residents who self-report moderate to severe pain</td>
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<tr>
<td>Percentage of residents who newly received an antipsychotic medication</td>
<td></td>
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<tr>
<td>Claims-Based Short Stay Measures</td>
<td></td>
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<tr>
<td>Percentage of residents who were re-hospitalized after a nursing home admission</td>
<td></td>
</tr>
<tr>
<td>Percentage of short-stay residents who have had an inpatient hospital admission in the last 30 days</td>
<td></td>
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<tr>
<td>Percentage of short-stay residents who successfully discharged to the community</td>
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<table>
<thead>
<tr>
<th>Health Inspection Score: Weights for Different Types of Deficiencies</th>
</tr>
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<tbody>
<tr>
<td>Severity, Scope, Pattern, Widespread</td>
</tr>
<tr>
<td>Immediate jeopardy, resident health or safety</td>
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<tr>
<td>Immediate jeopardy, resident health or safety</td>
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<tr>
<td>Actual harm is not immediate jeopardy</td>
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<td>No actual harm with potential for more than minimal harm</td>
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</table>

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

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

4. What’s one thing that drives you nuts?
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Root Cause Analysis
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
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**DELIVERABLE**

**Project Charter:**

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<th>Issues to be addressed</th>
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<th>Project Goals</th>
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**Success Measures / Benefits / Business Case**

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<th>Improved resident care / service</th>
<th>Improved use of resources</th>
<th>Increased engagement</th>
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<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
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**Expected Results**

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<th>What will be measured whenever we do it?</th>
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</tbody>
</table>

**Responsibilities and Boundaries**

<table>
<thead>
<tr>
<th>What areas are the team not responsible for?</th>
<th>TBD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

**Risks and Dependencies**

<table>
<thead>
<tr>
<th>TBD</th>
</tr>
</thead>
</table>

---

**Plan**

**Project and Team Name**

<table>
<thead>
<tr>
<th>No</th>
<th>Project</th>
<th>Project Name</th>
<th>Team Name</th>
<th>Problem Statement / Elevator Speech</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<tr>
<td>2</td>
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<td>4</td>
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<tr>
<td>5</td>
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</tbody>
</table>

---

**Activity**

Project Name: __________
Team Name: __________
Problem Statement: _______

In one sentence, what’s the problem?
Plan - Who’s should be on the team?

**Team Structure**

- **Project Sponsor**
  - Accountable for removing barriers and ensuring the team’s success
  - Provides updates and status to other Executives

- **Team Sponsor / Business Owner**
  - Accountable for leading and guiding the team to meet the project goals and producing the agreed deliverables within the timeframe

- **Team Member**
  - Individuals formally assigned to the team who contribute time, skills, and effort

- **Subject Matter Experts**
  - Provides need expertise knowledge, and experience on a technical topic or process

- **Communication Director**
  - Identifies and helps develop team communication plan

- **Process**
  - Gathers and maintains team’s core process work (current and future state)

- **Data Collector**
  - Gathers and maintains team’s data collection work
  - Helps analyze collected data

- **Facilitator**
  - Serves as the Lean/Six Sigma expert, provides coaching / expertise throughout the project and is accountable for establishing and meeting the timeline

---

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

**Project High-level Goals**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Project Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Cultural Issues</strong></td>
<td>Improve the effectiveness of our meetings:</td>
</tr>
<tr>
<td>• Awareness of cost / time and resources</td>
<td>✔ Reduce the overall number of meetings</td>
</tr>
<tr>
<td>• Does this add value? Do we really need a meeting? Can it be done another way?</td>
<td>✔ Reduce the overall time spent in meetings</td>
</tr>
<tr>
<td>• Culture of “It’s ok to have a poor meeting”</td>
<td>✔ Increase the level of preparedness</td>
</tr>
<tr>
<td>• Lack of accountability</td>
<td>✔ Increase the number of action items completed</td>
</tr>
<tr>
<td>• Lack of sense of urgency / execution</td>
<td>✔ Decrease the cost and amount of meeting paper</td>
</tr>
<tr>
<td>• Conflict is not “encouraged”, “everyone has to be happy”</td>
<td>✔ Increase efficiency and competency of meeting facilitators</td>
</tr>
<tr>
<td><strong>2. We Don’t Plan and Prepare for Our Meetings</strong></td>
<td>✔ Objectives/agenda were provided ahead of time</td>
</tr>
<tr>
<td>• Timely agenda</td>
<td>✔ Were the right people there?</td>
</tr>
<tr>
<td>• No clearly defined objectives / expectations</td>
<td>✔ Agenda was followed</td>
</tr>
<tr>
<td>• Logistics – wrong room, wrong equipment</td>
<td>✔ Meeting was run properly</td>
</tr>
<tr>
<td>• Do not have the right people in the room</td>
<td>✔ Action items were documented / followed-up on</td>
</tr>
<tr>
<td>• Too many people invited</td>
<td></td>
</tr>
<tr>
<td><strong>3. People Running the Meetings Lack the Skills</strong></td>
<td></td>
</tr>
<tr>
<td>• How to run a meeting</td>
<td></td>
</tr>
<tr>
<td>• Staying on task and on time</td>
<td></td>
</tr>
<tr>
<td><strong>4. People’s Behavior in Meetings</strong></td>
<td></td>
</tr>
<tr>
<td>• Timely agendas</td>
<td></td>
</tr>
<tr>
<td>• No clearly defined objectives / expectations</td>
<td></td>
</tr>
<tr>
<td>• Logistics – wrong room, wrong equipment</td>
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</tr>
<tr>
<td>• Do not have the right people in the room</td>
<td></td>
</tr>
<tr>
<td>• Too many people invited</td>
<td></td>
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<tr>
<td><strong>5. We Don’t Effectively Use Meeting Technology</strong></td>
<td></td>
</tr>
<tr>
<td>• Effective use of Outlook and scheduling</td>
<td></td>
</tr>
<tr>
<td>• SharePoint</td>
<td></td>
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<tr>
<td>• Projection units</td>
<td></td>
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<tr>
<td>• Smart boards</td>
<td></td>
</tr>
<tr>
<td>• Remote desktop</td>
<td></td>
</tr>
<tr>
<td><strong>6. Most Meetings Do Not Have Action Items / Follow-up</strong></td>
<td></td>
</tr>
<tr>
<td>• Capturing action items</td>
<td></td>
</tr>
<tr>
<td>• Capturing meeting “minutes” / decisions</td>
<td></td>
</tr>
<tr>
<td>• No accountability / consequences</td>
<td></td>
</tr>
<tr>
<td>• Duplication of effort – different teams working on the same thing</td>
<td></td>
</tr>
</tbody>
</table>

**Success / Progress Measures**

<table>
<thead>
<tr>
<th>Measure</th>
<th>How Measured</th>
<th>Who</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Activity**

- How will we know we are successful?

<table>
<thead>
<tr>
<th>Question</th>
<th>Data to Collect</th>
<th>Who</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**What questions do we need to answer?**

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Change Management Happens at Three Levels

ADKAR Process

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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**Change Management Method**

1. **Prepare for Change**
   - Assess change to identify how much change management is needed.
   - Determine the resources and sponsorship required to support people change management for your project.

2. **Manage the Change**
   - 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.

3. **Reinforce the Change**
   - 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**
1.2 Prepare for Change

Acceptance of Change

<table>
<thead>
<tr>
<th>Response Type</th>
<th>How to Interact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Supporter</td>
<td>Exchange perspectives to understand what they see which others do not</td>
</tr>
<tr>
<td>Passive Supporter</td>
<td>Help them vocalize their feelings more, either 1/1 or in group settings</td>
</tr>
<tr>
<td>On The Fence</td>
<td>Ask them about the barriers they see and what they like and dislike</td>
</tr>
<tr>
<td>Passive Resistor</td>
<td>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</td>
</tr>
<tr>
<td>Active Resistor</td>
<td>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</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Audience</th>
<th>Key Messages</th>
<th>ADKAR Step</th>
<th>Delivery Mechanism</th>
<th>Writer</th>
<th>Sender</th>
<th>Target Completion Date</th>
<th>Target Rollout Date</th>
<th>Status</th>
</tr>
</thead>
</table>

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

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Managing Complex Change

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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 were leading a team as a consultant?

<table>
<thead>
<tr>
<th>Process Project</th>
<th>Results</th>
</tr>
</thead>
</table>
| City of Oshkosh Site Review Process                  | • Existing Process Annual Cost = $670,000  
• 3 Yr Investment = $84,000  
• Future State Annual Savings = $300,000  
775% ROI                                              |
| Credit Union Loan Redesign                           | • 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  
464% ROI                                               |
| Insurance Claims                                      | • $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. |
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
608 • 225 • 8219
walter.jankowski@gmail.com
@WalterNvrFalter

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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

<table>
<thead>
<tr>
<th>Measure Descriptions and Report Periods</th>
<th>Skaalen Group Nat. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/01/17-11/30/17</td>
<td>90</td>
</tr>
<tr>
<td>07/01/17-12/31/17</td>
<td>86</td>
</tr>
<tr>
<td>08/01/17-01/31/18</td>
<td>87</td>
</tr>
<tr>
<td>09/01/17-02/28/18</td>
<td>80</td>
</tr>
<tr>
<td>10/01/17-03/31/18</td>
<td>81</td>
</tr>
</tbody>
</table>
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
    - Clear expectations
    - Know the residents
    - Communicate changes
    - Print and understand daily assignments
    - DECREASE SKIN ISSUES

What do we want to accomplish?

- 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
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