**In order to meet the requirement for the CQI project in the SDCP contract,** the projectsubmitted must:

* Focus on an issue related to improving the **quality of care** **or life** for the resident or to **improving satisfaction** with care (resident or family); and,
* Focus on a problem related to a **process or systemic** client care issue; and,
* Include the **elements described below** and submit to ALTSA annually by **December 31st.**

ALTSA staff will review your responses for each of the **elements specified below** using the scoring criteria in the right hand column. You have the option to use this form, which ensures nothing is missed, or submit in a narrative format using the provided template (be sure to reference this form to ensure complete responses to the required elements).

**Facility Name:** Click or tap here to enter text.

**Name of Person Submitting:** Click or tap here to enter text. **Title:** Click or tap here to enter text.

**Topic/Subject of Project:** Click or tap here to enter text.

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| **Elements** | **TOTAL POTENTIAL POINTS: 22** |
| 1. **ROOT or FOCAL CAUSE Steps:** | **POTENTIAL POINTS: +3** (Complete all sections below +2; Attach CQI tool used +1) |
| 1. Identify a problem you want to try to solve.   *Common Opportunities for Improvement in Assisted Living Facilities*: Aggressive behavior ⬥ Dehydration ⬥ Engagement in social/ recreational activities ⬥ Exit seeking ⬥ Fall prevention/injury prevention ⬥ Infection control ⬥ Missing clothing/laundry ⬥  Psychotropic/chemical restraints ⬥ Resistance to bathing ⬥ Staff turnover ⬥ Weight loss   1. Use a brainstorming session or other tool to gather input and identify possible causes of the problem. <https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/brainaffingrpmultvot.pdf> 2. Use a “5 Whys” or other CQI analysis tool identify the root cause.   <https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/fivewhys.pdf>   1. Identify theroot cause or focal cause you want to remedy (for this project period) and explain your choice. If multiple root causes are identified, select ONE root cause the facility can best control, influence, or change for this project. *The “root cause” should be different from the “problem” you listed in step a. The “problem” is where you started your 5 Whys or other root cause analysis, and the “root cause” is what you found at the end.* | 1. **PROBLEM SELECTED**: Click or tap here to enter text.      1. **POSSIBLE CAUSES:** Click or tap here to enter text. 2. **ROOT CAUSE(S):** Click or tap here to enter text. 3. **Root Cause Selected**: Click or tap here to enter text.   Why did you select this root cause? Click or tap here to enter text.  **Attach your 5 Whys worksheet or other CQI tool used.** |
| 1. **CQI PROJECT TEAM Steps:** | **POTENTIAL POINTS: +3** (Complete all sections below +3) |
| 1. Identify at least 5 team members for this project, including the role of each team member. Per [WAC 388-78A-2460](https://apps.leg.wa.gov/wac/default.aspx?cite=388-78A-2460) team members must include:    * The administrator, a licensed RN and three other staff    * A team leader    * Topic-appropriate staff included for this specific project | **TEAM LEADER** (any member listed below may be identified as the team leader): Click or tap here to enter text.  **ADMINISTRATOR:** Click or tap here to enter text.  **REGISTERED NURSE:** Click or tap here to enter text.  **TEAM MEMBER:** Click or tap here to enter text. **TEAM MEMBER:** Click or tap here to enter text.  **TEAM MEMBER:** Click or tap here to enter text. |
| 1. **GOAL & PLANNING Steps:** | **POTENTIAL POINTS: +5** (Complete all sections below +5) |
| 1. **Goal:** A realistic statement of what you are trying to achieve in measurable terms. Use the SMART Goals technique to help you identify a specific, measurable, attainable, relevant, timely goal. <https://www.hydratemarketing.com/blog/the-importance-of-setting-smart-goals> 2. **Benefits:** How will clients benefit if the goal is met? 3. **Measurement:** Identify the primary measure\* used to track the impact of the project. How will you know if your intervention is working? What will you count or measure to know if the problem is getting better over time? There should be measurements collected/determined “before” and a measurement calculated “after” – these measure the same things at two (or more) periods in time.   *\*see the “Data Measures” section for more information*   1. Identify **timeline** for the project. **A complete timeline includes answers to:**  * When was the primary “before measure” collected/calculated? * When did the defined “intervention” start? * When was the primary “after measure” calculated? | 1. **SMART GOAL**: Click or tap here to enter text. 2. **BENEFITS**: Click or tap here to enter text. 3. **MEASURE(S)/FREQUENCY:** Click or tap here to enter text.   **MEASUREMENT BEFORE:** Click or tap here to enter text.  **MEASUREMENT AFTER**: Click or tap here to enter text.   1. **“BEFORE” MEASURE DATE:** Click or tap here to enter text.   **INTERVENTION START DATE:** Click or tap here to enter text.  **“AFTER” MEASURE DATE:** Click or tap here to enter text. |
| 1. **INTERVENTION Steps:** | **POTENTIAL POINTS: +2** (Complete all sections below +2) |
| 1. What **ONE** change did you decide to make to address the root or focal cause of the problem you identified? (A good CQI project makes *one* change, studies the results of making that *one* change, and then decides what to do next based on whether it made a positive difference.) 2. Describe briefly how the action or step is different from your pre-project practices. Which step or process was new to your facility during this project? | 1. **INTERVENTION SELECTED:** Click or tap here to enter text. 2. **HOW IS THIS DIFFERENT/NEW**? Click or tap here to enter text. |
| 1. **DATA MEASUREMENT** Steps: | **POTENTIAL POINTS: +4 (complete all sections below +4)** |
| 1. Choose a form or other tracking tool to help you gather and document data/information at regular intervals during the project. <https://www.moresteam.com/toolbox/>   Recommended tools include:   * Tick/Check sheets * A survey * A regular report * A project-specific report * Other  1. Identify staff members responsible for gathering data and compiling results. 2. How frequently did you measure and what were the results? (Provide ongoing monitoring to allow for adjustments.) | 1. **DATA COLLECTION TOOL(S) SELECTED**: Click or tap here to enter text. 2. **RESPONSIBLE STAFF (BY JOB TITLE & PROJECT RESPONSIBILITY):** Click or tap here to enter text. 3. **ATTACH DATA COLLECTION TOOL(S) OR PROVIDE DATES & RESULTS HERE:** Click or tap here to enter text. |
| 1. **RESULTS/OUTCOME** of the Project: | **POTENTIAL POINTS: +2 (complete all sections below +2)** |
| 1. For the primary outcome measure, identify the observed “before” and “after” figures. Did you accomplish your SMART goal? | 1. **SMART GOAL ACCOMPLISHED?**  YES  NO |
| 1. **FINALIZATION & SUSTAINABILITY** Steps: | **POTENTIAL POINTS: +3 (complete all sections below +3)** |
| 1. Will you continue to implement this change or intervention? 2. **If yes**: what will you do to formalize it the change? (e.g., integrate into Policy & Procedure manual; integrate as formal protocol for nursing; etc.) 3. **If no**: What did you and your organization learn from this project? How will you apply what you learned to move into the next phase of your work in this area, in your next project/s or in your service delivery in the future? Make this more general – were there impacts to the organization or things staff learned about themselves and/or their clients? | 1. **CONTINUE INTERVENTION?**  YES  NO 2. **FORMALIZATION PLAN:** Click or tap here to enter text. 3. **FUTURE APPLICATIONS/ORGANIZATIONAL IMPACTS/INDIVIDUAL LEARNING:** Click or tap here to enter text. |