Instructions for Writing a PIPP Proposal

Read the tip sheets in the Appendixes at the end of this manual about how to select a project, how to build a business case for the project, etc.

Read the instructions and study the examples provided to help you develop your proposal. Make sure you provide all the required information for each section.

Section 1: Names, locations and contact information

**The contact person will be responsible for reporting to DHS on the project every six months.

> For a single facility:
> 1. Name and address of the facility
> 2. Name of contact person for the project
> 3. Phone number of project contact person
> 4. Email address of facility contact person

> For a collaborative project (including a mentoring collaborative):
> 1. Names and addresses of all facilities involved
> 2. Contact information for each facility
> 3. Name and contact information for leader of the collaborative project

Section 2: Provide a brief overview of facility or collaborative

For a single facility, give a brief description of the facility and pertinent demographics information. For example, you may wish to discuss your size, description of your campus, any geographical or other factor that makes your facility unique.

Example: Frostbite Falls Care Center is a 68 bed facility in rural northern Minnesota. Because we are 50 miles from another town and close to 100 miles from another nursing home, we serve a large area and regularly admit residents from over a 100 mile radius. Often, our residents are far away from family and friends. For a large part of the year, winter weather makes it difficult for family and friends to visit and the residents are not able to get outside for exercise and enjoyment.

Describe a clear plan of collaborative leadership and expectations from the members of the collaborative.

Example: The eight collaborative facilities listed in Section 1 above are owned or managed by Senior Services, Inc., (a non-for-profit corporation), and share a common senior management staff ("Senior Management"). These eight facilities are located in both the metro and rural areas and have from 40 to 165 skilled beds. The collaborating facilities and Senior Management currently work together in a number of other capacities including partnering on facility management, resident-centered care program development and clinical quality improvement initiatives.

Each of the participating facility administrators are committed to the project's scope, its proposed goals and outcomes and sharing information and lessons learned at their individual facilities with the collaborative members. Susan Steam will serve as the collaborative project leader. Susan is an RN with extensive experience in long-term care and quality improvement initiatives. Each facility will identify a leader responsible for development and management of a facility team with representatives from both line and management staff.

Section 3: **Write an introduction to your project and how your project supports <u>one or more</u> of the following goals of the PIPP program**

1. Improve the quality of care and quality of life of nursing home residents in a measurable way
2. Deliver good quality care more efficiently
3. Re-balancing long-term care and make more efficient and effective use of resources.

Example: We plan to embark on a facility wide project to improve the quality of life of our residents by developing systems that will help reduce loneliness, sadness and boredom. We plan to utilize all staff, volunteers and families to provide meaningful daily interactions, activities and experiences that will help our residents develop meaningful relationships and enjoy life. We will do this through adopting a consistent staff model to support resident centered care. We will develop systems to monitor for and address changes in mood. Education will be provided to help staff provide meaningful experiences for the residents. Systems will be developed to help residents stay in contact with family and friends.

Section 4: **Describe the process you are using to discover areas for improvement. Use Root Cause Analysis (RCA) to determine the root causes of the problem.**

- What have you discovered so far? Quality improvement is an evolving process and you may make new discoveries as you progress, but you must have some understanding of the causes before you can propose strategies.
- Examine the specific steps of the current process you are now using to achieve a particular result. Take time to truly define your current process, taking into account policies, staff roles, flow of activities, etc. Also think about how your physical environment and/or current culture may hinder or support the process.
- When you discover a problem with the process, look for systemic causes. Ask many different staff, residents, families, etc. for their perspective on the cause of the problem. Categorize these causes/opinions into environment, equipment, people, methods and materials, and look for dominant patterns.

Example: We have discovered several initial root causes by talking to staff, residents, and families. We then reviewed our systems and discovered:

- There is no system in place and no expectation for all staff to monitor residents and report indications of loneliness, boredom, sadness and other mood indicators.
- There are no policies and procedures in place
- There are no systems in place to monitor MDS data in sections: (D) Mood, (E) Behavior, (F) Preference for Customary Routine and Activities
- There is little or no involvement from the Medical Director, Physicians and Pharmacists
- There is no system to train staff on what to look for and how to intervene.
- There is no system in place for nurses and social workers to do ongoing assessments of mood and quality of life for each resident.
- There is no good interdisciplinary assessment at QI/QA meetings. Mood issues including changes are not discussed at QI/QA meetings.
- There is no system for following up on any reports of mood issues.
- All staff lack the knowledge and skills needed to apply root cause analysis to negative outcomes.

If you have questions or need assistance with your data, please contact Teresa Lewis at 651-431-4208 or Teresa.lewis@state.mn.us.

Section 5: Provide a detailed description of the problem you want to solve or you need to improve

- What story is your data telling you? Examine your facility's performance using the Minnesota Nursing Home Report Card (http://nhreportcard.dhs.mn.gov), the DHS Nursing Facility Provider Portal (https://nfportal.dhs.state.mn.us), and/or other quality resources. Discuss your data trends (compare to previous performance or compare to state averages, industry standards, etc.).
- Why is it a problem? Why is this project needed for your facility or group?
- What impact is this problem having on residents, family, staff, etc.?
- What might be the consequences of not solving the problem?
- What is your vision? What is the difference between the way things are now and the way you want them to be? When your project is successful, how will things be different?

Example: We looked at the risk adjusted mood domain on our 2016 Resident Quality of Life Survey and discovered that our scores were well below the state average. We score 60% and the state average is 73.10%. We noticed that the questions addressing loneliness, boredom and being interested in things had the lowest scores in that domain. We then looked at the other domains and discovered that we also needed to improve in the activities and relationship domains. Our 2016 risk adjusted score for the meaningful activities domain was 59.6% with the state average at 72.86%. Our risk adjusted score for the relationship domain was 65.7% which is well below the state average of 82.65%.

We also looked at the Minnesota Risk-Adjusted Quality Indicators under Prevalence of Depressive Symptoms and discovered our rate is twice the state average.

We realized that we must look for ways of helping our residents overcome loneliness and sadness. We feel that if we don't help our residents to cope with their losses and enjoy relationships and meaningful life activities, we will see physical decline as well. Families will also have more peace of mind if they know their loved ones are content and engaged in life. We have very limited access to mental health services for our residents. Many staff members and local physicians have expressed feeling helpless and unprepared to help their residents cope with all the changes and losses in their lives. We envision our facility as a place where residents feel in control of their lives and look forward to getting up every day.

Section 6: Write a detailed description of your strategies to address the problem you identified in Sections 4 and 5

Do your research. Look for evidence based interventions that have worked in other facilities or settings to address your specific root causes.

- What do you propose to do? What is the precise nature of the intervention? **Explain the connection between the problem you wish to address and your proposed strategies.**
- What is your plan to implement this project? What is your road map?
- Who is going to do what? Describe staff roles, leadership, committee formation and any outside parties involved.

Example: We are contracting with a nurse practitioner from the Community Hospital with expertise in geriatric mental health. This consultant will help develop a system for the nurses to address these root causes. We need to change our systems that are producing poor outcomes. Leading this project will be Mark Iceberg, RN, Nurse Manager and Susan Cool, LSW. The team will be made up of staff from all disciplines and they will oversee the implementation of strategies and develop auditing tools to keep us on course. This team will develop a policy and education will be provided to all staff in all departments about what to look for and who to report the findings to. Laminated cards will be provided to every staff person with cues that will guide them in identifying important changes in behavior, activity or mental status. These cards can be worn on their lanyards for quick reference. We will develop a simple checklist form that any staff person can quickly complete. They will be directed to deliver the completed checklist to the nurse or other appropriate person for follow-up. Changes in mood will be discussed at interdisciplinary meetings and an action plan for follow up will be developed for social workers to do routine screenings for sadness and depression when they receive a checklist or other report of mood changes. A standardized assessment tool will be adapted to assess risk factors for depression such as pain, sleep problems, interactions with staff, recent changes in health status, etc. The Medical Director and the nurse practitioner will also assist physicians in methods to help residents cope with changes in their lives. They will assist the team in developing communication forms between the nurse and physician.

Materials from Frosty Falls University Geriatric Medical Center (provide website or contact information) will be used to teach staff what they can do to help their residents cope with the overwhelming changes in their lives. Staff will learn interventions to help boost spirits, restore confidence and encourage engagement in the world. Staff will work with the residents and families to really get to know what is important to their residents and the stories of their lives. Quality Assurance leader will form a committee made up of staff from all department to develop tools to interview residents for this information. This information will be placed in a notebook that all staff can access to make their conversations with residents more meaningful. This information can also be used to introduce residents with similar backgrounds to each other. All staff will be trained how to use this information to have meaningful conversations with residents during routine cares and activities.

This same team will also remodel our activities programs using this resident specific information to develop programs. They will look for community resources and develop a volunteer list of people willing to spend time with residents to increase interactions with the world. Weekend and evening activities will be developed based on resident preferences. All staff will be able to provide these activities and will every staff person's job description will be updated to reflect the expectations.

We will institute the consistent staffing model for resident centered care so each resident will have the same people caring for them as much as possible. Consistent staff will strengthen and honor the care-giving relationship by allowing care to be directed by the resident's routines, preferences and needs. We will use educational materials from the HAPPY Initiative (provide website or contact information) to facilitate this. We also recently hired a nurse that has had a successful experience with this model in another facility, so we are fortunate to be able to use her expertise. Working with the nurse managers, she will lead this team.

Finally, we will integrate technologies into the resident's lives by providing improved access to Internet, email, social media and SKYPE to enhance communication with distant family and friends. Our leadership team will work with IT and Recreational Therapy to implement this. Staff and community volunteers will be trained to instruct and support residents to use this technology.

Section 7: Describe how you will collect data, audit and monitor your implementation strategies. Describe your action plan to address audit results

- Data Collection: *What* data will be used to track project progress? *How* will the data be collected? *Who* will collect the data? *Where* and *When* will the data be collected?
- Develop and/or describe auditing tools to be used by specific staff or teams
- Develop a clear plan of who audits and how often
- Develop a clear plan of who the results from the audits are reported to
- Develop an action plan to address audit results

Section 8: What is your basis for assuming you can achieve your goals?

You may want to cite experience in other settings or published clinical or organizational studies. Provide websites or information on where to find the resources, if appropriate.

Section 9: Discuss the resources you will need and submit a budget.

This is where you will describe the resources needed, such as staffing, training, consultants, equipment, etc. Your budget should include estimated costs for each of the resources described. Your total budget should agree with the rate increase you are proposing in Section 10. Please note, the PIPP program does not support major capital improvements. Minor technology or other capital investments may be included if your proposal demonstrates these investments are an important component of your overall quality improvement strategy.

Section 10: Present the amount and duration of the proposed rate increase

If this is a collaborative proposal, this section should be completed for each participating facility. The amount and duration should match the scope and complexity of the project and resources needed as demonstrated in your budget in section 9.

Go to the DHS provider portal at: https://nfportal.dhs.state.mn.us to access an Excel worksheet that will assist you in determining an estimate of the amount of funding available for your project at specified rate increases. **The facility must enter your facility's IID into the worksheet. The IID is a 5 digit number located in the upper right corner of your facility's rate notice. <u>Do not</u> submit a copy of the Excel worksheet with your proposal.** The Department will prepare and keep on file the worksheet for all facilities submitting a proposal.

Example:		
Proposed % Rate Increase	**Proposed Duration (1, 2, or 3 years)**	**Amount Available to Your Facility Per Year From the Excel Worksheet Referenced Above**
3%	12 months	$126,563

☐   Check the box to indicate that you understand that 80% of the rate increase you are requesting is dependent upon the timely and successful implementation of the objectives stated in the proposal, and 20% of the requested rate increase is dependent on timely and successful achievement of the outcomes.

Section 11: Insert a work plan with a timeline. Your work plan should agree with and expand on the description of project strategies in Section 6 and the description of audit processes in Section 7

- May include a planning and training phase that should begin shortly after notification that the proposal was accepted
- Describe what will be done, who will do it, and when it will be done
- Include information about how you will audit and monitor your projects to be sure everything is happening and to make needed course corrections

Example:		
Upon notification of acceptance	Hire/Establish Project Leader Contract with the Geriatric Nurse Practitioner Consultant Form Committees made up of staff, residents and family members to address the different aspects of the program Schedule and hold meeting to inform all staff, physicians, residents, families, and community of the PIPP project	Interdisciplinary Team Social Services Nurse Management Project Leader
First Quarter	Develop resident centered care/consistent staff program Purchase equipment Create Policies and Procedures for program Create staff training and competencies for program Update Job descriptions Create assessments and auditing tools for program Develop an auditing and evaluation schedule Integrate program into the Quality improvement process Develop an implementation plan for project	Project Leader Interdisciplinary Team Committees Consultant Nurse Management Team Human Resources
Second Quarter	Educate and train staff on program Educate residents and family on program Educated Medical Director and Physician on program Begin staff training and competency MDS Coordinator and Management will be retrained on coding for sections; C, D, E, and F of the MDS Residents will be assessed and care plans will be updated	Project Leader Interdisciplinary Team Nurse Management Team Social Services
Third Quarter	Integrate program into admission process Integrate program into orientation process Begin implementation of program on unit 1 Implement Plan Do Study Act (PDSA) cycle	Project Leader Interdisciplinary Team Nurse Management Team
Fourth Quarter	Continued implementation of program throughout facility Integrate program into systems and processes Integrate training into staff annual education Integrate program into the admission process	Project Leader Interdisciplinary Team oversees

	Complete implementation of program throughout facility	
	Monitor MDS coding	
	Continue PDSA cycle	
	Continue ongoing staff training	
	Review for sustainability of program	

Section 12: Insert your baseline data for your proposed performance measures. Indicate your expected level of improvement for each measure. Describe the time frame for achieving those improvement targets

✓ Incentive payment periods start January 1 following the acceptance of your proposal and end December 31 the year you complete the project. In some cases the measurement period used to determine if your project has met its outcome goals may be different than the incentive payment period.

In some cases, you may need additional time for your strategies to make an impact or data collection may not be possible during the incentive payment period. For example: The Minnesota Risk adjusted Quality Indicator Reports are for four quarters and are updated quarterly. You would want to choose a measurement period that reflects the impact of your strategies. The Minnesota Resident Quality of Life Survey is done annually during the last half of each year. If your project ends December 31, 2018, the 2019 QOL survey would likely be appropriate for measuring your results.

Example:			
Performance Measure	**Baseline**	**Target**	**Timeframe**
2016 QOL Survey risk adjusted score for Mood Domain	60%	61.2% (2% improvement)	2019 QOL Survey
MN Quality Indicators 2016-Q1 through 2016-Q4 risk adj. score for Prevalence of Depressive Symptoms	4.45%	3.75% (15% improvement)	MN risk adj. QI score from 2018-Q1 through 2018-Q4

Section 13: Provide a description of your sustainability plan. How will the strategies you put in place during the project continue once the payment ends?

Example: Developing systems and training all staff to work together to monitor, report, and follow-up on mood symptoms will require time and resources. Once the program has been developed and training has been completed, these strategies will be integrated into the way we provide care. All training will become part of our new staff orientation program and ongoing mini education sessions will be scheduled throughout the year. We will continue our auditing and follow-up actions by building it into our systems permanently to ensure continued compliance.

Tips for Selecting a PIPP Project

1. Start thinking early about what programs and systems would not only solve problems but would bring innovation to the facility or organization.

   a. What would you like to do differently?
   b. What problems or needs in the organization have not been addressed?
   c. What is not being done?

2. Talk to staff, residents, families and community partners for ideas. Let your customers identify where change is needed. Look at resident council minutes, QA committee issues, MDH survey deficiencies and family/resident complaints. Look for common general themes from all these sources that indicate systems need to change. For example:

   Resident council complaints about meal service, family complaints about lost personal items and poor follow-up/lack of resolution on QA committee items may indicate the need for a project that focuses on action-plan oriented customer service. Look to your resident QOL satisfaction survey for data.

3. Don't propose programs or ideas that are **basic** expectations of good care and quality of life. If regulatory compliance or basic care practices already require the facility to provide something, it probably isn't a candidate for a PIPP Project. On the other hand, improving the existing, compliant care practice because you have discovered new evidenced based strategies that can improve quality of care or quality of life may be appropriate. For example:

   You already provide quality nutritious meals that meet the resident's individual needs but you notice your customer satisfaction scores for the dining domain are lower than you would like. After interviewing residents to find the root cause of their dissatisfaction, you discover that they want more choices of food and flexibility for mealtimes. You do some research and discover some new ideas for meal service that have been successful in other facilities in the state/nation and plan to implement them.

4. Look at your facility's quality measure reports available on the DHS Nursing Facility Provider Portal (https://nfportal.dhs.state.mn.us). These include MN Risk-Adjusted Quality Indicators, resident quality of life ratings, family satisfaction ratings, and/or hospitalization/community discharge measures. What areas need improvement? Talk to your residents about what they perceive the problem to be in those areas. Is there a common theme? Remember this project should be about identifying a problem, determining the root cause(s) and developing strategies to address those causes.

5. Explore the connections between the clinical quality indicators and or the QOL questions. Some ideas might be:

   a. Pain and mobility
   b. Pain and behaviors/depression
   c. Mobility and incontinence
   d. Dignity and autonomy
   e. Autonomy and satisfaction
   f. Questions from the Mood domain and the pain quality indicator
   g. Behavior or depression quality indicator and mood domain

6. Read trade journals, search the web and talk to researchers about your ideas

7. Don't put the cart before the horse. Keep the process simple. Use your data to discover areas you need to improve in. Drill down and find out why your scores are low in these areas. Talk to the customers and research evidenced based ideas to improve those scores. You are now ready to write your proposal.

8. Purchasing technology is not a PIPP project. You must discover a problem, do a root cause analysis and then develop interventions and strategies that address those causes. These interventions would include changes in policies, procedures, education and routines. Technology could be a part of those interventions if you can show, through your root cause analysis that this technology is essential and **part** of the plan to improve and reach your goals.

   A person desiring to eat healthier and lose weight will not achieve these goals if their only strategy is to buy a "juicer"!

9. Call or email Teresa Lewis to discuss your ideas; Phone: (651) 431-4208 or Email: teresa.lewis@state.mn.us

Tips for Writing A PIPP Proposal

1. Select one person who will oversee and coordinate activities for the RFP.

2. Create a steering committee for the RFP that will look at it from different perspectives. Cindy Morris, former Executive Director of Empira, suggests that it helps to have an innovator, an analyzer, a clinician, a writer, a financer and a systems thinker on your team, if you can.

3. Begin developing the proposal framework and always remember, the proposal must tell the story of what the organization is trying to do.

4. Don't assume that the reviewers reading the proposal are well versed on the systems and language lingo in the healthcare industry. The reviewers come from many different groups and perspectives.

5. Create a check list and timeline of duties that need to be completed.

6. Read the instructions several times. Then read them again!

7. Look at the examples provided with each section of the instructions.

8. Explore the resources provided in Appendix D at the end of this instruction manual.

9. Ask management, line staff and other collaborators for feedback to make the proposal stronger. Present the proposal several times to staff groups and solicit their feedback and questions.

10. Use spell check and proof readers.

11. Enlist lay readers to review your proposal and provide feedback. You may want to create an evaluation checklist to ensure the reader understands the proposal's key points.

12. Seek technical assistance from DHS early on. Don't wait until the final hours. DHS staff are happy to discuss ideas and review rough drafts to assist you with developing your proposal. We can provide technical assistance to help you write and build your proposal and to "proofread" final drafts. We can also help you analyze baseline data and brainstorm possible root causes and strategies as well as help you find resources.

Building a Business Case and a Budget to Support a Rate Increase

1. A good business case is a compelling storyboard about the need to do this project
    a. Who you are
    b. What your data says about your facility. Why this project is needed for your facility?
    c. How you will generate "payback or outcomes" for stakeholders by conducting this project?
    d. Why is this project worthy of funding?
    e. When your project is successful, how will things be different? How will you measure progress and success?

2. What resources will you need to do this project?
    a. Assess what expertise and competencies your team already has to successfully address the problem?
    b. What resources and skills are missing? How will this be addressed? Will you need to hire a staff person, use a consultant or provide the necessary training to existing staff (or a combination of all of these things?)

3. What activities, skills and tools will be needed to monitor progress and measure the success of your project?
    a. The Plan-Do-Study-Act cycle (PDSA) used for testing and assessing for improvement. The PDSA can help determine what is working or not working, and a change in strategy can be initiated before it's too late.
    b. Data Collection: What data will be used? How will the data be collected? Who will collect the data? Where and When will the data be collected?
    c. Periodic auditing and monitoring can help insure success by catching issues before they become problems.

4. What activities, skills and tools will be needed to sustain this program after the rate increase ends?
    a. Train the trainer?
    b. Embed it in all routines and procedures?
    c. Periodic auditing for compliance?

5. Build an action plan or road map to implement and sustain this program using all the information you have gathered about what resources you need.

6. Research and determine the estimated costs of all the resources and build this into your budget. This will help you determine and justify the rate increase.

Resources

Medicare Quality Improvement Orgs. (QIOs)

Minnesota Stratis Health
http://www.stratishealth.org/index.html

Lake Superior Quality Innovation Network
https://www.lsqin.org/

Pioneer Network - Culture Change
www.pioneernetwork.org

Other Resources

Agency for Healthcare Quality and Research
http://nhqrnet.ahrq.gov/inhqrdr/state/select

National Nursing Home Quality Improvement Campaign
https://www.nhqualitycampaign.org/default.aspx

University of MN Center on Aging
http://www.coa.umn.edu/

Hartford Institute for Geriatric Nursing
http://www.hartfordign.org/