# **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 located in rural Minnesota. We are 50 miles from another town, and almost 100 miles from another nursing home. We serve a large area and regularly admit residents from a 100 mile radius.

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 one or more 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 will create an Antibiotic Stewardship program to improve the quality of care by reducing adverse events, preventing antibiotic-resistant organisms, and achieving positive outcomes for our residents receiving antibiotics. Our infection control program currently lacks evidence based practices to ensure our residents are receiving appropriate antibiotic treatment. We currently do not monitor for appropriate antibiotic usage and effectiveness. We lack staff, resident and family education regarding antibiotic-resistant organisms. Our evidence based Antibiotic Stewardship program will comply with new CMS regulations, and it will be safer, more efficient, and better meet the needs of our residents, family and staff.

**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 is your story 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.).
* 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 reviewed our infection control process and found we are not meeting CMS’s guidelines for an Antibiotic Stewardship program. We looked at our Minnesota Quality Indicators and discovered our Prevalence of Urinary Tract Infections and Prevalence of Infections scores were above the state averages. We scored 7.81% in urinary tract infections, which is well above the state average score of 3.21%. We scored 4.97% in prevalence of infections, which is well above the state average score of 2.45%.

We interviewed staff and found they lack the knowledge for following the criteria before starting antibiotics, physicians often order antibiotics before lab results are completed, some residents have standing orders for antibiotics, residents are admitted from the hospital on antibiotics with no diagnosis or lab results, and family will demand the resident be placed on antibiotics. We interviewed some residents and family members and found they lack knowledge of the adverse effects of antibiotics.

We discovered several root causes after reviewing our current Infection Control process.

• Our infection control process does not meet CMS’s regulatory guidelines F Tag 881.

• We have no antibiotic stewardship program.

• We have no polices to address antibiotic usage.

• Our Infection Control Preventionist lacks knowledge regarding antibiotics.

• Our infection control tracking and trending logs lack pertinent information for antibiotic use.

• Lack of Medical Director involvement.

• Lack of pharmacy review of antibiotic usage.

• Lack of staff knowledge regarding criteria for antibiotic use.

• Lack of staff understanding of antibiotic side effects.

• Lack of staff understanding of antibiotic-resistant organisms.

• Lack of family knowledge of the negative impact of inappropriate antibiotic use.

• No criteria in place for comparing clinical signs and symptoms with labs/infections related to antibiotic appropriateness.

• No follow up for antibiotic effectiveness.

• No MDS monitoring and review of coding for Section C 1310 Delirium, Section I-Active Diagnoses, Section J-Health Conditions, and Section N-Medications.

• No auditing in place for antibiotics.

• We have 2x the rate of Urinary Tract Infections and Infections as other MN nursing facilities.

• Our Quality Improvement process lacks surveillance for antibiotic usage.

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

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

* 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:** Our facility is failing our staff, residents, and families by not providing education and tools to prevent unnecessary use of antibiotics. Our facility is not meeting the regulatory requirement for CMS’s F Tag 881 Antibiotic Stewardship program. If the facility does not comply with the requirements it is at risk for substandard quality of care and possible fines. We realize our high infection rates and inappropriate use of antibiotics place our residents at risk for drug-resistant infections and medication side effects. We feel if we do not address these issues our residents will remain at risk for drug-resistant infections, hospitalization and possible death.

The development and implementation of the Antibiotic Stewardship program will address the root causes we identified. The staff will be receiving evidence based training on best practices which will improve the quality of care we provide. The residents and families will receive education regarding antibiotic use to enable them to make informed health care decisions. The residents’ risk for receiving unnecessary antibiotics will decrease therefore enhancing the quality of life for our residents. The implementation of the Antibiotic Stewardship program places our facility back in regulatory compliance further decreasing the risk of providing substandard care.

**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:** Over the next year our facility will develop and implement an Antibiotic Stewardship program. Our Infection Control Preventionist (ICP) nurse will receive Antibiotic Stewardship training and certification through a National Certification Association. We will partner with the Medical Director and Pharmacist to get their expertise on antibiotics. The Medical Director and Pharmacist will work with our ICP nurse to develop the program. The ICP nurse and committee will lead the project. The committee 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. The team will develop policies, procedures and education for the antibiotic program.

We will use the Antibiotic Stewardship program from the Centers for Disease Control (CDC) to assist with developing policies and procedures and staff education. We will utilize MDH’s Infection Control Assessment and Response (ICAR) program for additional onsite support and use their Antibiotic Stewardship webinar series for staff education. We will use State Operation Manual F881 as a guideline to ensure regulatory compliance. Our MDS nurse will review training for coding for Section C 1310 Delirium, Section I-Active Diagnoses, Section J-Health Conditions, and Section N-Medications to ensure accurate coding. The ICP nurse will update our current infection control program. The ICP nurse will implement and educate licensed nursing staff on the Loeb criteria for identifying clinical signs and symptoms for infections. The ICP nurse will provide education for our residents and families on antibiotic use.

The Antibiotic Stewardship program will be integrated into our systems of practice. Our Quality Improvement process will include surveillance of the Antibiotic Stewardship program. All residents receiving an antibiotic will be reviewed by the IDT to ensure appropriate use. All residents triggering on the MDS items above will be reviewed for possible coding error, and to ensure they are receiving appropriate care.

**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

**Example:** The Antibiotic Stewardship committee will use the Plan, Do, Study, Act (PDSA) cycle and Root Cause Analysis throughout this process. The ICP nurse and committee will develop auditing tools for the program. The auditing will include: staff education, use of Loeb criteria, tracking and trending logs, pharmacy reviews, physician orders, MDS coding and nursing notes. The CMS Infection Prevention, Control & Immunizations pathway will be used in the auditing process. The Antibiotic Stewardship committee will determine the auditing schedule. All nursing staff, IDT, and committee members will participate in completing audits. The Quality Improvement committee will make recommendations based on the results of these audits.

# **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 your references, if appropriate.

**Example:** CMS requirement of participation F881 directs nursing facilities to develop and implement an Antibiotic Stewardship program (CMS, 2017).

According to the CDC, “Antibiotics are among the most frequently prescribed medications in nursing homes, with up to 70% of residents in a nursing home receiving one or more courses of systemic antibiotics when followed over the a year. Similar to the finding in hospitals, studies have shown that 40–75% of antibiotics prescribed in nursing homes may be unnecessary or inappropriate. Harms from antibiotic overuse are significant for the frail and older adults receiving care in nursing homes. These harms include risk of serious diarrheal infections from clostridium difficile, increased adverse drug events and drug interactions, and colonization and/or infection with antibiotic-resistant organisms” (CDC, 2017).

We are confident we will achieve our goals. We will develop our program based on evidence-based resources from the CDC. We have been in contact with a rural nursing facility in Wisconsin that had success with their stewardship program about what worked for them (Pew Charitable Trusts, 2016). We have set and reached many quality improvement goals in the past few years. We have gone restraint free, reduced the use of antipsychotics and have reached out to involve our resident and family councils in management decisions. We would like to make infection control our first PIPP-funded program and we believe we have what it takes to be successful.

# **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.

**Example:** We will purchase the training materials and program for the Antibiotic Stewardship certification program. We will train and certify the Infection Control Preventionist in Antibiotic Stewardship. We will purchase a laptop and software for the ICP nurse to use for training and education. We will attain the Antibiotic Stewardship materials for the development of training and tools for the program. All staff, residents, families, physicians will receive general information regarding the PIPP grant. All licensed nursing staff will be trained in antibiotic stewardship. All residents, families and physicians will receive training regarding the Antibiotic Stewardship program.

Infection Control Preventionist salary and benefits 1.0 FTE $66,000.00

Training and certification fee $200.00

Antibiotic committee 10 members X 15 hours=150 X $20.00 hr.= $3,000.00

Laptop computer and software $1,200.00

Pharmacy consultant $6,000.00

Printing and training materials $1,000.00

Personnel costs (salary /benefits) for development, training, education, evaluation and monitoring

($42,300.00)

\*\* Please Note: Your budget should include staff training time or staff replacement costs during staff training time but not both. You will want to estimate the number of staff being trained, hours of training per person, and the cost per hour.

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

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

Go to the DHS provider portal at: [https://nfportal.dhs.state.mn.us](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. **Begin by entering 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. Do not 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 or 2 years)** | **Amount Available to Your Facility Per Year From the Excel Worksheet Referenced Above** |
| 3% | 12 months | $119,700 |

|  |  |
| --- | --- |
|  | 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:** |
| **Year 1**  **•** Contact and establish meeting schedule with Medical Director and Pharmacy consultant.  • Form an Antibiotic Stewardship committee.  • Contact MDH ICAR to do a facility assessment.  • Train and certify Infection Control Preventionist in Antibiotic Stewardship.  • Download CDC Antibiotic Stewardship tools and develop the program.  • Use MDH Antibiotic Stewardship education modules to train Nurses and Nursing Assistants.  • Medical Director and Pharmacist to participate in the development of the program.  • Purchase laptop, software and program materials.  • Create policies and procedures for the Antibiotic Stewardship program.  • Create staff training and competencies for the Antibiotic Stewardship program.  • Create tracking tools for surveillance of clinical signs and symptoms, labs, diagnosis, antibiotic use, and effectiveness.  • Create assessments and auditing tools for the Antibiotic Stewardship program.  • Develop an auditing and evaluation schedule.  • Integrate the Antibiotic Stewardship program into the quality improvement process.  • Integrate the Antibiotic Stewardship program into the orientation process.  • Educate and train staff on the Antibiotic Stewardship program.  • Educate residents and family on the Antibiotic Stewardship program.  • Medical Director to educate Physician on the Antibiotic Stewardship program.  • Educate and train nurses on the Loeb criteria.  • Begin implementation of program on the units.  • Implement PDSA (Plan Do Study Act) cycle.  • Continued implementation of program throughout the facility.  • Integrate program into the resident admission process.  • Integrate training into staff annual education.  • Continue ongoing staff training.  • Review for sustainability of the 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** |
| MN Risk-Adjusted Quality Indicators October 1, 2016 - September 30, 2017 score for Prevalence of Urinary Tract Infection (LS) | 7.81% | 6.25% (20% improvement) | MN risk-adjusted QI’s January 1, 2019 December 31, 2019 |
| MN Risk-Adjusted Quality Indicators October 1, 2016 - September 30, 2017 score for Prevalence of Infections (LS) | 4.97% | 20% (15% improvement) | MN risk-adjusted QI’s January 1, 2019 December 31, 2019 |
| Facility Pharmacy Reported score for Unnecessary Antibiotic October 1, 2016 - September 30, 2017 | 62% | 50% (20% improvement) | Facility reported data January 1, 2019 through December 31, 2019 |

**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 appropriate antibiotic use will require time and resources. We will integrate these strategies 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 them into our systems permanently to ensure continued compliance.

**Section 14:** **References. Provide a list of websites or other information you have cited in your proposal.**

Centers for Disease Control and Prevention (CDC). (2017). *The core elements of antibiotic stewardship for nursing homes.* Retrieved from <https://www.cdc.gov/longtermcare/prevention/antibiotic-stewardship.html>

Centers for Medicare & Medicaid Services (CMS). (2017). *Appendix PP state operations manual (revised 11/22/2017).* Retrieved from <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>

Minnesota Department of Health (MDH). (Dec 13 2017) *Antibiotic stewardship in long-term care webinar series: Recap of the March 2017 antibiotic stewardship in long-term care conference.* Retrieved from <http://www.health.state.mn.us/onehealthabx/conference.html>

Minnesota Department of Health (MDH). (Nov 15 2017). *Infection control assessment and response program (ICAR).* Retrieved from <http://www.health.state.mn.us/divs/idepc/dtopics/icar/index.html>

Minnesota Department of Human Services (DHS). *Nursing facility provider portal.* Retrieved from <https://nfportal.dhs.state.mn.us/PortalLogin.aspx?ReturnUrl=%2fDefault.aspx>

Pew Charitable Trusts. (2016). *A path to better antibiotic stewardship in inpatient settings: 10 case studies map how to improve antibiotic use in acute and long-term care facilities.* Retrieved from <http://www.pewtrusts.org/~/media/assets/2016/04/apathtobetterantibioticstewardshipininpatientsettings.pdf>

Appendix A

# **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.
   1. What would you like to do differently?
   2. What problems or needs in the organization have not been addressed?
   3. 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.

1. 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.

1. 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.
2. Explore the connections between the clinical quality indicators and or the QOL questions. Some ideas might be:
   1. Pain and mobility
   2. Pain and behaviors/depression
   3. Mobility and incontinence
   4. Dignity and autonomy
   5. Autonomy and satisfaction
   6. Questions from the Mood domain and the pain quality indicator
   7. Behavior or depression quality indicator and mood domain
3. Read trade journals, search the web and talk to researchers about your ideas
4. 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.
5. 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”!

1. Call or email Kim Class to discuss your ideas; Phone: (651) 431-2233 or Email: [Kimberly.class@state.mn.us](mailto:Kimberly.class@state.mn.us)

Appendix B

**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.

Appendix C

**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
   1. Who you are
   2. What your data says about your facility. Why this project is needed for your facility?
   3. How you will generate “payback or outcomes” for stakeholders by conducting this project?
   4. Why is this project worthy of funding?
   5. 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?
   1. Assess what expertise and competencies your team already has to successfully address the problem?
   2. 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?
   1. 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.
   2. 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?
   3. 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?
   1. Train the trainer?
   2. Embed it in all routines and procedures?
   3. 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.

Appendix D

**Resources**

Medicare Quality Improvement Orgs. (QIOs)

Minnesota Straits Health  
[**http://www.stratishealth.org/index.html**](http://www.stratishealth.org/index.html)

Lake Superior Quality Innovation Network

[**https://www.lsqin.org/**](https://www.lsqin.org/)

Pioneer Network - Culture Change

[**https://www.pioneernetwork.net/**](https://www.pioneernetwork.net/)

Other Resources

Agency for Healthcare Quality and Research

[**http://nhqrnet.ahrq.gov/inhqrdr/state/select**](http://nhqrnet.ahrq.gov/inhqrdr/state/select)

National Nursing Home Quality Improvement Campaign

[**https://www.nhqualitycampaign.org/default.aspx**](https://www.nhqualitycampaign.org/default.aspx)

University of MN Center on Aging

[**http://www.coa.umn.edu/**](http://www.coa.umn.edu/)

Hartford Institute for Geriatric Nursing

[**http://www.hartfordign.org/**](http://www.hartfordign.org/)