Objectives

- Discuss NH Quality Care Collaborative framework and goals
- Share results of “Pre-work” Assessments
- Introduce NNHQCC Change Package
- Review how to use data from CASPER Quality Measures for QAPI
- Homes will identify focus areas and set goals
11th Scope of Work Restructured to 14 QIN-QIOs

SD is part of Great Plains QIN

Collaborative Connection

Great Plains Quality Care Collaborative

National Nursing Home Quality Care Collaborative (NNHQCC)

Other QIN Groups Throughout US (14 total)

North Dakota/NNHQCC via QHA

South Dakota/NNHQCC via SDFMC

Nebraska/NNHQCC via CIMRO of Nebraska

Kansas/NNHQCC via KFMC

Other individual or regional state/territory collaboratives (represents 51)
What is a Healthcare Collaborative?

- A “Collaborative” is a systematic approach to healthcare quality improvement designed to accelerate learning and widespread implementation of best practices.
- Participants perform multiple, small rapid tests of change and then share their experiences.

SD Participation Signup AWESOME!

- Easier to list those who are not participating!
- 97 SD nursing homes out of 111 = 87%
- 100% Avera, Golden Living, Good Sam, Sanford, Welcov
- 34% of Collaborative make up smaller systems and independent homes . . . KUDO’s!

ALL TEACH. . . ALL LEARN
National Nursing Home Quality Care Collaborative (NNHQCC) Goals Thru July 2019

- Instill Quality Assurance Performance Improvement (QAPI) principles and strategies
- 50% of NHs will achieve a QM Composite Score of 6 or lower
- Improve resident mobility / decrease falls
- Improve dementia care / decrease unnecessary use of antipsychotic medications
- Decrease Healthcare-Associated Infections (HAIs) and Healthcare-Acquired Conditions (HACs)
- Decrease potentially avoidable hospitalizations
- Improve staff stability, consistent assignment, leadership and teamwork

Quality Measure Composite Score . . . More to come in a future webinar

- Based on 13 CASPER long stay QMs and pneumococcal and flu vaccination rates – goal is 6 or lower (lower is better)
- Great Plains QIN developing a report that will be provided to each NH including trending
- More information coming
- But . . . if the suspense is killing you and you want to know your score . . . contact me!
- **Bottom line** . . . if you are improving long stay QMs from CASPER report your composite measure score will improve!
SD/Great Plains QIN Responsibilities

- NH recruitment
- Provide training opportunities
- Align efforts with other learning and action activities throughout state, region and nation
- Coordinate with corporate consultants to streamline efforts – goal is to avoid duplication of efforts

SPECIAL THANK YOU! Deb Paauw/Avera, Amy Thiesse/Sanford, Bernadette Nelson, Laura Feigee and Dr. Victoria Walker/Good Sam, Lynn Anderson and Dawn Andresen/Golden Living and Cal Lout and Amy Kinsinger/Welcov

Great Plains NH Quality Care Collaborative Based on Institute of Healthcare Improvement (IHI) Breakthrough Series Model – Repeat x2 18 Month Cycles

Recruit: nursing homes, stakeholders and peer coaches

Pre-work: beginning 2-3 months prior to Learning Session 1

Collaborative Kickoff/Learning Session 1

Action Period

Learning Session 2

Action Period

Learning Session 3

Action Period

Collaborative Outcomes Congress Project wrap-up, celebrate successes and sustainability planning session.

Sustainability Phase

Email & List Servs, Peer Coaches, Educational Webinars, Technical Assistance
Collaborative Stages (x2)

- **Learning Session 1**
  - Get Ideas
  - Get Methods
  - Get Started
  - Test and implement changes, and collect data to measure impact of changes

- **Learning Session 2**
  - Get More Ideas
  - Get Better at Methods
  - Get a “Stride”
  - Test and implement changes, collect data to measure impact of changes

- **Learning Session 3**
  - Continue to learn from one another
  - Celebrate Successes
  - Get ready to Sustain and Spread
  - Test and implement changes, collect data to measure impact of changes

**Collaborative Timeline**

- **04/01/2015**
  - Collab 1 Kickoff
- **09/30/2016**
  - Collab 1 Ends
- **04/01/2017**
  - Collab 2 Kickoff
- **09/30/2018**
  - Collab 2 Ends
- **07/31/2019**
  - ND NHQCC Ends
Nursing Home Peer Coach Teams

- Provide best practice support to fellow collaborative teams
- SHARE stories of success and lessons learned
- Support and assist QIO in facilitating collaborative

Via

Phone → Email / ListServ → Webinars → Story Boards → Planning Meetings

11th Scope of Work – Nursing Home Peer Coach Recognition

✓ Achieved National Nursing Home Quality Composite Score of 6 or below = top 10% of your state (lower is better)
✓ Other recognition considerations: Nursing Home Compare Five Star Ratings, Facility Antipsychotic Rates
✓ Participating in the Nursing Home Quality Care Collaborative

Congratulations!

- Golden Living Center Lake Norden
- Good Samaritan Society Miller
- Sanford Chamberlain
Needs Assessment/Education Preference Survey – 57 responses

- “QAPI At A Glance” familiarity
  - 5% very / 70% familiar / 25% not at all
- NNHQCC “Change Package” familiarity
  - 3.5% very / 56% familiar / 42% not at all

- Tuesday and Wednesday afternoons top choices for webinars/education

Q4 Which types of educational delivery methods seem most efficient and productive for your staff? (Check all that apply)

Q5 What is your main area of education need for your direct care staff?

Leadership needs mirrored direct care with exception of including staff retention!
QAPI Assessment Findings

Approx 65% have not started and/or just getting started to include QAPI strategies with orientation of new hires.

Approx 60% do not have a documentation format for PIP teams.

Approx 31% have not and/or are just getting started with making sure they have a written QAPI plan in place.

You Have Submitted Your QAPI Facility Self-Assessment . . . Now What?

Review answers and select one area to work on

Example of possible finding: No written QAPI plan?

- Go through a Root Cause Analysis and start a PDSA (Plan Do Study Act) Cycle – May need to form a PIP team
  - Who is going to work on?
  - What is the end goal?
  - Give timeline, provide resources to accomplish
**Easy to Use Documentation Tool for PIPs**

**PERFORMANCE IMPROVEMENT PROJECT (PIP) GUIDE**

<table>
<thead>
<tr>
<th>START DATE</th>
<th>REVIEW DATE(S)</th>
<th>COMPLETE DATE</th>
<th>PIP SQUAD MEMBERS</th>
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<td>1. Lori Hintz, QAPI Coordinator</td>
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<td>3. Sarah, DON</td>
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**KEY AREA FOR IMPROVEMENT:**

- Incorporate QAPI principles with our current QI program.
- PIP Squad will have a draft of written QAPI plan to be presented to entire leadership team for their input and approval by 11/1/13.

**BRAINSTORM POSSIBLE SOLUTIONS and START YOUR PDSA CYCLE (PLAN, DO, STUDY, ACT) – See page 2**

**LIST THE TASKS TO BE DONE**

<table>
<thead>
<tr>
<th>TASK TO BE DONE</th>
<th>RESPONSIBLE MEMBER</th>
<th>START DATE</th>
<th>ACTUAL COMPLETION DATE</th>
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<td>Lori</td>
<td>9/1/13</td>
<td>9/15/13</td>
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<td>Review examples of QAPI plans (Avera Brady &amp; Golden Living)</td>
<td>Lori</td>
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<td>Formulate written draft to be given to leadership team for input/approval</td>
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**BENCHMARKS/METRICS**

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<th>BASELINE</th>
<th>MEASUREMENT 1</th>
<th>MEASUREMENT 2</th>
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This material was prepared by EPIC, the Medicare Quality Improvement Organization for South Dakota, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 10SOW-SD-C7-13-405

**PIP Documentation Tool – Back Side Continued**
What is a Change Package?

- A listing of ideas that can help achieve good results
- Ideas are evidence based and/or ideas from credible expert opinions
- Helpful to have at the beginning of work... like a roadmap
- Heart of a collaborative – to guide the work and keep it moving
- Able to be enhanced, tested, revised and improved

NNHQCC Has Change Package Too!
Seven Key Strategies

1. Lead with sense of purpose
2. Recruit/retain quality staff
3. Connect with residents in celebration of their lives
4. Nourish teamwork and communication
5. Be a continuous learning organization
6. Provider exceptional, compassionate care treating the whole person
7. Conduct solid business practices that support your purpose

Also included: Healthcare Improvement Bundles
(AP Medication Avoidance, Resident Mobility, HAI Prevention)
Download the Change Package

http://greatplainsqin.org/initiatives/hac-nh/

“QAPI At A Glance” Step by Step Guide

Provides QAPI “nuts and bolts”
- Five elements
- Twelve action steps
- Implementation
- Writing QAPI plan
- Tools and resources

Easy to Read  Download  Keep it Handy

CASPER Quality Measures

Do you have your CASPER reports with you? You will need them for this next section.

Measures of Care “aka” Nursing Home Quality Measures

- QMs measure certain aspects of NH care
  - i.e., like whether residents have gotten their flu shots, are they reporting pain, are they losing weights, are they falling with or without a major injury
- June 2011, National Quality Forum and CMS endorsed 16 quality measures – 18 measures now
Data Collection Flow for QM

- Resident’s Health
- Physical Functioning
- Mental Status
- General Well Being
- NH self report data to Medicare
- Data converted into QMs
- Nursing Home Compare, CASPER Reports

Where Can I See the QMs?

- Publically posted online on Nursing Home Compare
  [http://www.medicare.gov/nursinghomecompare/search.htm](http://www.medicare.gov/nursinghomecompare/search.htm)

- NHs can pull reports from their MDS system
  - Called CASPER QM Reports
    - Certification and Survey Provider Enhance Reporting system
## CASPER Quality Measures (17)

1. Self-reported moderate/severe pain (S)
2. Self-reported moderate/severe pain (L)
3. High-risk pressure ulcers (L)
4. New/worsened pressure ulcers (S)
5. Physical restraints (L)
6. Falls (L)
7. Falls with major injury (L)
8. Antipsychotic medication (S)
9. Antipsychotic medication (L)
10. Antianxiety/hypnotic med (L)
11. Behavior symptoms affecting others (L)
12. Depressive symptoms (L)
13. Urinary tract infection (L)
14. Catheter inserted and left in bladder (L)
15. Lose control of bowels or bladder (L)
16. Excessive weight loss (L)
17. Need for increased ADL help (L)

## Different Reports Use Different Combinations of Quality Measures

*QMs developed by the National Quality Forum & CMS*

- CMS CASPER uses 17 QMs (no flu & pneumococcal vaccine)
- CMS Nursing Home Compare uses 18 QMs
- Five-Star Quality Rating System uses 11 QMs – Effective 2/20/2015 – added antipsychotic QM (short and long stay)
- Survey process
- NNHQCC Quality Composite Measure Score uses 13 long stay QMs including the flu and pneumococcal vaccine QMs

*Be sure when comparing reports you are comparing apples to apples*
### Who Uses the Quality Measure Data?

- State Surveyors – look at percentile ranking above 75\textsuperscript{th} percentile
- CMS – Data Trends
- Nursing Home Compare and Five Star Rating System
- Consumers – Nursing Home Compare

### QMs Are Also Used by YOU!

**QMs helpful tool in a nursing home’s QAPI Process / QAPI Meetings**

- Identify what might be a problem
- Search for correlations
- Understand the impact of a single click
- Appreciate how the world views you
Select the QM Reports, Facility ID and Date Range – Submit

Available CASPER QM Reports

- MDS 3.0 Facility Characteristics Report
- MDS 3.0 Facility QM Report
- MDS 3.0 Resident Level QM Report
- MDS 3.0 Submission Statistics
Facility Characteristics Report

CASPER Report
MDS 3.0 Facility Characteristics Report

Facility ID: XXXX
CCN: XXXXXX
Facility Name: XXXXXXXXXXXX XXXXXXXXXXXX
City/State: XXXXXX, XX
Data was calculated on: 12/03/2012

Report Period: 06/01/12 - 11/30/12
Comparison Group: 04/01/12 - 09/30/12
Run Date: 12/03/12
Report Version Number: 1.00

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Facility Quality Measure Report

CASPER Report
MDS 3.0 Facility Quality Measure Report

Facility ID: XXXX
CCN: XXXXXX
Facility Name: XXXXXXXXXXXX XXXXXXXXXXXX
City/State: XXXXXX
Data was calculated on: 09/09/2012

Note: Dashes represent a value that could not be computed
Note: S = short stay, L = long stay
Note: * is an indicator used to identify that the measure is flagged

<table>
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<th>Measure ID</th>
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<th>Comparison Group National Average</th>
<th>Comparison Group National Percentile</th>
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<td>9.1%</td>
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TIP: Always pull a six month report period
### Facility Quality Measure Report – Measure Description

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Data provided is fictional

### Facility Quality Measure Report – Numerator and Denominator

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Data provided is fictional
### Facility Quality Measure Report – Facility Observed % & Facility Adjusted %

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<td>43.4%</td>
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</tr>
</tbody>
</table>

Data provided is fictional

### Basic QM Calculation

**Numerator**

(Those with the problem)

**Divided by**

(Denominator)

(all who could have the problem)

**Times 100 gives the percentage**

**EXAMPLE:**

Using Pain – Short Stay QM:

5/15 = 0.3333 X 100 = 33.3%

5 residents experienced pain out of 15 possible which says that 33.3% of residents have experienced pain.

This is reflected in the Facility Observed Percent Column of the CASPER Report.
## Facility Quality Measure Report – Comparison Group State & National Average

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>CMS ID</th>
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Data provided is fictional

## Facility Quality Measure Report – Comparison Group National Percentile

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Data provided is fictional
## Resident Level Report

### Resident Name | Resident ID | ADLs/IB/RF |
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<td>Resident I</td>
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</table>

Data provided is fictional
To Further Analyze . . .

Review User and Specification Manuals

Go to the Quality Measures User’s Manual (QM) to identify Measure Specifications (QM and QMID)


Go to the RAI Manual for the MDS Items


- Identify if coding is accurate? / point and click error / does person doing the coding understand the MDS system?

Five-Star Quality Rating System Technical Users’ Guide:

http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/FSQRS.html

When Reviewing QM Numbers, Consider if QAPI Opportunity Exists

- Any QMs above 75 in “Comparison Group Nat’l Percentile” column of QM Facility Report? (this is the one that surveyors flag)
- Any QMs above state and national averages in QM Facility Report?
- Have you set facility QM goals? Example: Facility goal is to reduce antipsychotic rates to less than 10% in the “Facility Observed Rate” on CASPER QM Facility Report.
- Look for trends. Example: Are majority of your falls w/injury also on antipsychotic?
- Any survey citations related to QMs?
- Look at the Resident Level Report—why are they triggering? Could it be a coding error?
Examples of Goals
Focus Area: Reduce Unnecessary Antipsychotics

*NH will reduce long stay antipsychotic quality measure (facility percentage) from 25% to 20% by Oct 31, 2015.

*All staff will have completed CMS Hand in Hand training modules by 9/30/15. Training presented by Staff Development Coordinator.

*By 7/31/15, Medical Director will meet with each provider to share and engage support for facility goal of reducing unnecessary antipsychotics.

*Social Service Director and Medical Director will give presentation on using nonpharm approaches and pros and cons of using antipsychotic medications at 5/15/15 family council meeting.

Goal Setting Tools: Use SDFMC PIP documentation tool (seen on slide 19-20 OR “QAPI At A Glance” Goal Setting Tool (QAPI At A Glance doc pg 37-38)
You’ve reviewed the QM data... now select a QM to improve and share in the chat box

- Establish baseline (starting point)
- Set benchmark (what do you want it to be)
- Root Cause Analysis (why is this QM high?)
- Implement a Plan-Do-Study-Act (PDSA) cycle
- Maybe form a PIP team to work on
- Keep goal and progress forefront – track data
- Communicate status / celebrate successes

http://greatplainsqin.org

Reducing Healthcare-Acquired Conditions in Nursing Homes
Improving Quality of Care in Nursing Homes

There are 1.5 million Americans living in the nation’s 15,600 nursing homes. We must be able to depend on nursing homes to provide reliable, compassionate, high-quality care. The Centers for Medicare & Medicaid Services (CMS) has created a strategy for guiding local, state, and national efforts to improve nursing home quality of care.

As part of that strategy, Great Plains QRIs is working nursing homes in a collaborative to share tools, knowledge, and experiences for improving resident safety and clinical outcomes, and reducing unnecessary healthcare interventions. Participants will learn from the best practices of nursing homes that have consistently earned a 5-star rating in Nursing Home Compare, receive free education, resources, and participate in a collaborative improvement projects.

Our efforts align with the CMS National Nursing Home Quality Care Collaborative to:

- Assist nursing homes to attain a score of 5 or better on the National Nursing Home Composite Quality Measure
- Improve the rate of mobility among long-stay nursing home residents
- Improve the targeted rate of reduction in the use of antipsychotic medication in dementia residents
- Discourage IVs, other Healthcare-Acquired Conditions (HACs) and potentially avoidable hospitalizations
May Education Offering

WEBINAR: Root Cause Analysis (RCA)
A Building Block for Performance Improvement
May 14, 2015 1-2pm MT / 2-3pm CT

Speaker: Kathie Nichols, Stratis Health, MN

Objectives

• Identify how Root Cause Analysis (RCA) is a valuable tool for QAPI
• Identify the steps in the RCA process
• Access and use the RCA Toolkit for Long-Term Care

To Participate

▪ Go to: https://qualitynet.webex.com
▪ Locate the event you wish to join, click “Join Now” (to the right of the event title)
▪ Enter your name and email address as prompted
▪ Enter the password: RCA
▪ Dial in to the teleconference: 1-800-896-0862. The access code is 39272913.

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Thank you for your time and
your participation in the
SD/Great Plains/National Nursing Home
Quality Care Collaborative!