



Reducing Healthcare-Acquired Conditions in Nursing Homes

HealthInsight Nursing Home Resident Safety Collaborative

A Collaborative Learning Series

Exploring Team Approaches for Enhancing Resident Care Practices

Handbook and Activity Packet



Modeled on the handbook developed by Qualis Health for Nursing Home Quality Care Collaborative 1, April 2015 – September 2016.”

This material was prepared by HealthInsight, the Medicare Quality Innovation Network-Quality Improvement Organization for Nevada, New Mexico, Oregon and Utah, 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. 11SOW-C2-17-13 4/3/17



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INTRODUCTION



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The 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 then share their experiences” (Qualis Health, “Handbook for Nursing Home Quality Care Collaborative 1, April 2015–September 2016”). The process of association, not simply aggregation, is what makes a whole greater than the sum of its parts.

HealthInsight’s Nursing Home Resident Safety Collaborative brings together teams from across Oregon, Nevada, New Mexico and Utah. Our efforts are aligned nationally, and our services to you are sponsored by the Centers for Medicare & Medicaid Services (CMS).

The Challenge

In February 2014, the U.S. Department of Health and Human Services’ Office of Inspector General (OIG) released its report [Adverse Events in SNFs: National Incidence among Medicare Beneficiaries](#), noting that one in three skilled nursing facility (SNF) beneficiaries was harmed by an adverse event or temporary harm event within the first 35 days of their stay. The OIG determined that nearly 60 percent of those events were preventable. As providers of health care services to older adults, we are responsible for preventing such adverse outcomes. The report of an adverse event impacts not only the individual home but the reputation of our whole community. This collaborative is intended to support learning and implementation efforts to improve safety culture in nursing facilities.

A rising tide lifts all boats.

The collaborative will address safety concepts, including senior leadership engagement, staff empowerment, teamwork and communication, resident and family engagement and sustainability. These concepts are used in combination with clinical or operational efforts to minimize harms such as falls and healthcare-associated infections. This is not meant to be an additional program for you. The collaborative will supplement other quality and performance improvement initiatives, all of which aim to improve the way facilities do their work and provide care, supporting better outcomes and higher quality of care and quality of life for residents.

The **HealthInsight Nursing Home Resident Safety Collaborative** is designed to help nursing facilities ensure they have an effective system and processes in place to support Quality Assurance and Performance Improvement (QAPI) activities, opportunities to learn best practices from peers and options for testing changes leading to improvements in those processes. Individual nursing facilities will be able to select performance improvement topics that are relevant to your community.

It doesn’t matter if you fall short of your Aims; the key is to learn from those situations and think about the positive side of them—how many lives have been saved or harmful incidents reduced.
—CMS Quality Conference 2015

Aims create systems, and systems create results. It’s important to “Aim high” and stick to it, even if it puts you in unfamiliar or uncomfortable place. —CMS Quality Conference 2015



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Overall Goal: Enhance Each Nursing Home's Capacity for Resident Safety

- Enhance leadership's approach to resident safety as evidenced by improvement in
 - supervisor expectations and actions promoting resident safety
 - non-punitive response to mistakes
- Each nursing home will demonstrate
 - increased capacity for organizational learning
 - an effective QAPI program, by measuring current state, identifying areas for improvement, implementing changes, and re-evaluating
- Each nursing home uses promising practices for
 - effective communication methods (i.e., handoffs)
 - training and skills development
- Each nursing home will develop a plan for sustainability of gains in resident safety culture.

The Regulations

In October 2016, CMS published the [final rules for Long-Term Care facilities](#). The collaborative is intended to support your efforts to comply with the regulations, specifically with QAPI (§483.75). Your participation with the collaborative will help you develop systems, including policies and procedures related to resident safety. Ongoing participation will help you document and demonstrate evidence of your ongoing QAPI program. For more information about QAPI, see the resources section of this handbook.

The Collaborative Model Overview

The HealthInsight Nursing Home Resident Safety Collaborative is based on the Institute for Healthcare Improvement (IHI) Breakthrough Series methodology. This collaborative will engage nursing facilities across Nevada, New Mexico, Oregon and Utah (urban, rural and frontier locations) to improve the quality of life and care for your residents. Each home is invited to participate in six learning sessions over the course of the collaborative to gain the full benefit of the collaborative series. There will be ongoing communication between nursing facilities and collaborative faculty members through email, conference calls, webinars and site visits.

Note: Email and webinars will be the primary means of communication among collaborative teams.

Pre-work: Teams will complete tasks prior to each learning session. See instructions in the following sections of this handbook.



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Learning Sessions: These sessions are the cornerstone events of the collaborative. Through plenary sessions, small group discussions and experiential learning activities, attendees will have the opportunity to

- learn from subject matter experts and colleagues
- obtain individualized coaching from subject matter experts
- integrate new experiences on the subject matter and on process improvement
- share experiences and collaborate on improvement plans
- resolve barriers to improvement

Action Period: The time between each session is the action period. During this period, team members will

- work within their nursing facilities to test and implement changes to achieve their defined aim
- remain in contact with other teams enrolled in the collaborative and the collaborative faculty (conference calls, emails and webinars)
- share the results of their improvement efforts by completing a brief sharing presentation template

Participation in action period activities is not limited to those who attend the learning sessions. We strongly encourage other nursing home staff to participate in the improvement efforts during the action period, in the spirit of QAPI.

Nursing Home Responsibilities

1. Complete the pre-work activities
2. Send team members to the six learning sessions (participate virtually for remote locations)
3. Implement changes and evaluate results
4. Gather data monthly as self-identified by your team
5. Complete action period activities
6. Review and report progress at the end of the action periods
7. Openly share information with other collaborative participants and faculty
8. Participate in applicable conference calls and webinars
9. Complete brief sharing presentation templates
10. Report accomplishments and lessons learned at the Outcomes Congress in October 2018

We recommend your quality improvement team meet at least once before Learning Session 1 to discuss the collaborative and complete the pre-work activities. You will likely be able to incorporate most of the collaborative responsibilities into your existing QAPI program. At this meeting, the team

- reviews the purpose of the collaborative and team responsibilities
- reviews and completes the pre-work activities from this packet
- confirms who will represent the team at Learning Session 1
- reviews the agenda for Learning Session 1 (which will be provided by the collaborative faculty prior to the session)



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Nursing home team representatives plan how to report back to the team on information covered at Learning Session 1 and how to engage staff in improvement activities.

HealthInsight Responsibilities

1. Provide pre-work and action period activity support, including sharing template for completion
2. Provide personalized AHRQ Resident Safety Culture Survey summary reports
3. Provide personalized quarterly quality measure score reports
4. Coordinate and facilitate the six learning sessions and final Outcomes Congress, including
 - a. agenda topics: Evidenced informed collaborative topics related to resident safety
 - b. speakers for all sessions
 - c. virtual option for rural locations
 - d. ongoing communication with all participating nursing facilities
5. Conduct regular conference calls with participating nursing facilities to provide support and technical assistance as needed
6. Coordinate opportunities for peer exchange



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Timeline

Dates, times and locations will be published prior to the events for each state. We will strive to minimize travel times by repeating in-person events in multiple locations when possible.

Activity	Dates
Collaborative Kickoff (Webinar)	April 5, 2017
Learning Session 1: Applying Safety Principles	May 2017
Action Period 1	May 1–July 28, 2017
Learning Session 2: Senior Leader Engagement	August 2017
Action Period 2	August 1–October 27, 2017
Learning Session 3: Staff Empowerment	November 2017
Action Period 3	November 1, 2017–January 30, 2018
Learning Session 4: Teamwork and Communication	February 2018
Action Period 4	February 1–May 1, 2018
Learning Session 5: Resident and Family Engagement	May 2018
Action Period 5	May 1–August 1, 2018
Learning Session 6: Sustainability	August 2018
Action Period 6	August 1–October 1, 2018
Outcomes Congress	October 2018



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ACTIVITIES



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Pre-Work for Learning Session 1

Assess Current Processes

- Assess your QAPI program:
 - Complete the [QAPI Self-Assessment Tool](#) with your entire QAPI team. (30+ minutes)
 - Complete the [HealthInsight survey](#) (5 minutes) summarizing your team's status in implementing QAPI into your current systems. You will be asked to complete this assessment again before the end of the collaborative to track your progress.
 - Additional resources for QAPI can be found in the resource section
- Come prepared to discuss the following through a lens of resident safety culture:
 - Root cause analysis event documentation
 - Employee corrective action reports
 - Safety committee minutes/reports
 - Policies: corrective action, sentinel events, adverse event reporting, resident safety plan
 - Code of conduct, employee handbook
 - Employee orientation

Assess Current Outcomes

Each collaborative team is encourage to routinely review the most current six-month period of data for the quality measures and MDS 3.0 Resident Level Quality Measure Report for that same time period. Compare your facility rates with the state and national averages, taking special note if any of the values are bolded with an asterisk in the final column for surveyors. Please review these quality measures:

- Falls with major injury
- Decline in ADLs
- Pressure ulcers
- UTI
- Pain
- Incontinence
- Catheter
- Physical restraints
- Weight loss
- Depression
- Antipsychotic medication
- Influenza vaccine
- Pneumococcal vaccine



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For quality measures that are higher than the state and/or national averages (even if they aren't flagged for surveyors), take time to review the residents identified in the numerator from the MDS 3.0 Resident Level Quality Measure Report. Are you surprised to see any of the residents in the numerator?

3 → Numerator

5 → Denominator

Pre-Work for Learning Session 2

Review Summary Report from AHRQ Resident Safety Culture Survey

After you submit AHRQ Resident Safety Culture Surveys from your team, HealthInsight will provide you with an individualized summary report during Action Period 1. Review the results and share them with your leadership team, your QAPI team and your staff. Identify at least one domain, but no more than three, that you will target for improvement during the collaborative. These domains will be the foundation for developing your aim statement.

Activities for Subsequent Action Periods

The action periods are designed for teams to focus on their performance improvement projects. Over the course of the collaborative, we recommend you select a minimum of two aims. One that addresses results of the resident safety culture survey and another that addresses a quality measure based on your data.

Develop an Aim Statement

The Collaborative encourages the use of three questions developed by the Associates for Process Improvement and framed as The Model for Improvement:

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What changes can we make that will result in improvement?

The first question is meant to establish an aim for the work, an explicit statement summarizing your facility's goals during the collaborative. An aim statement

- is a concise written statement describing what the team expects to accomplish in the collaborative
- ensures that team activities align with the strategic goals of the team's facility
- provides guidance for the teams specific improvement efforts
- defines which residents and practitioners will participate
- should be time-specific and measurable



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In defining your team's aim, be sure to do the following:

- **Involve senior leaders.** Leadership must align the aim with strategic goals of the facility. Involving senior leadership in developing an aim statement that reflects the organization's goals can help teams promote administrative support for their work.
- **Base your aim on data and/or facility needs.** Examine data within the nursing home, refer to the collaborative goal statement and focus on issues that matter.
- **State the aim clearly and use numerical goals.** Teams make better progress when they have a clear, specific aim statement. Setting numeric targets clarifies the aim, helps to create motivation for change and directs measurement. For example, an aim to "decrease the number of residents who have an increased need for help with activities of daily living (ADLs) by 30 percent" will be more effective than "reduce the number of residents who trigger the numerator for the ADL quality measure."

Define Measures

Measuring performance during the collaborative will enable the team to evaluate the impact of changes made to improve the delivery of care. Performance measurement is not an end in itself. It should be designed to accelerate improvement rather than slow it down.

- The team will monitor progress on thirteen outcome quality measures plus a composite score that is a reflection of all thirteen measures.
- In addition the team will measure the results of a pre and post AHRQ Nursing Home Survey on Resident Safety Culture.

Implementing Your Performance Improvement Project

Meet with your team regularly to implement your action plan. Don't be afraid to make adjustments as you learn along your journey.

Be sure to document along the way! This may include written descriptions, checklists, data collection or even photographs. See references section for tools for implementing performance improvement projects.

Technical Assistance

Technical assistance will be available as requested to assist with action period activities.

Complete and Submit Sharing Template Slides

Each team will be encouraged to complete a brief sharing template to share your team's experiences with your peers at Learning Sessions 3 through 6. This is an opportunity to have a little fun and highlight the unique personality and character of your nursing facility, your residents and your staff.



Collaborative Measures



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You will be able to compare your facility's data with the national data collected by the AHRQ Resident Safety Survey that measures culture as well as with state and national data on clinical quality measures.

AHRQ Resident Safety Culture Survey

The latest edition of the [AHRQ Nursing Home Survey on Resident Safety Culture User Comparative Database Report](#) presents national data from 209 nursing homes and 12,395 nursing home respondents who completed the survey between January 2014 and April 2016, summarized below.

Resident Safety Culture Survey Domains	% Positive Response
Overall perception of resident safety	86%
Feedback and Communication About Incidents	85%
Supervisor Expectations and Action Promoting Resident Safety	80%
Organizational Learning	72%
Training and Skills	71%
Management Support for Resident Safety	69%
Teamwork	65%
Compliance with Procedures	64%
Handoffs	63%
Communication Openness	55%
Nonpunitive Response to Mistakes	54%
Staffing	48%

Nursing Home Compare

The following data were pulled from the [Nursing Home Compare](#) website on March 30, 2017.

Quality Measures	OR Average	UT Average	NM Average	NV Average	National Average
Percent of long-stay residents experiencing one or more falls with major injury	2.9%	2.8%	4.4%	2.9%	3.3%
Percentage of long-stay residents with a urinary tract infection.	4.4%	5.4%	3.0%	4.2%	4.4%
Percentage of long-stay residents who self-report moderate to severe pain	12.1%	10.5%	11.7%	10.0%	7.3%
Percent of long-stay high-risk residents with pressure ulcers	5.6%	4.8%	6.1%	7.3%	5.7%
Percentage of long-stay low-risk residents who lose control of their bowels or bladder	50.7%	49.6%	42.8%	45.7%	47.0%



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Quality Measures	OR Average	UT Average	NM Average	NV Average	National Average
Percentage of long-stay residents who have/had a catheter inserted and left in their bladder	3.7%	2.6%	3.5%	3.7%	2.6%
Percentage of long-stay residents who were physically restrained	0.5%	0.5%	0.5%	0.6%	0.7%
Percent of long-stay residents whose need for help with daily activities has increased	12.0%	12.0%	20.0%	16.8%	15.2%
Percentage of long-stay residents who lose too much weight	7.1%	6.1%	7.2%	5.7%	7.0%
Percentage of long-stay residents who have depressive symptoms	3.4%	9.4%	3.6%	2.1%	5.3%
Percentage of short-stay residents assessed and given, appropriately, the seasonal influenza vaccine	92.5%	93.8%	90.5%	90.2%	94.6%
Percentage of long-stay residents assessed and given, appropriately, the pneumococcal vaccine	93.0%	97.1%	81.9%	85.8%	93.5%
Percentage of long-stay residents who received an antipsychotic medication	16.4%	17.2%	16.9%	15.9%	16.6%

Composite Quality Measure Score

The composite measure score comprises 13 NQF-endorsed, long-stay quality measures (listed in the table above) that represent larger systems within the long term care setting. The national target is 6.00 or lower.

Composite Score (participating nursing homes)	OR Average	UT Average	NM Average	NV Average	National Average
July 2016–December 2016	7.94	8.40	9.78	8.85	7.95



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Nursing Home-Specific Measures

Each team will define their own outcome, process and balance measures as interventions are selected and performance improvement projects are conducted during each action period. For more basics of measurement, take a look at the [Institute for Healthcare Improvement's](#) explanation.

Examples of outcome measures:

- Percentage of long-stay residents who self-report moderate to severe pain
- Percentage of long-stay residents who received an antipsychotic medication
- Percentage of unavoidable hospital readmissions
- Percentage of staff who report that this nursing home is a safe place for residents
- Percentage of staff who report that they are given all the information they need to care for residents

Examples of process measures:

- Number of residents oriented to pain education tool within 72 hours of admission
- Number of high-risk residents with a care plan to minimize risk for pressure ulcers or falls
- Number of residents receiving restorative nursing interventions
- Number of minutes of restorative therapy per resident per day
- Number of safety rounds conducted per month
- Frequency of reference to just culture when conducting employee corrective action

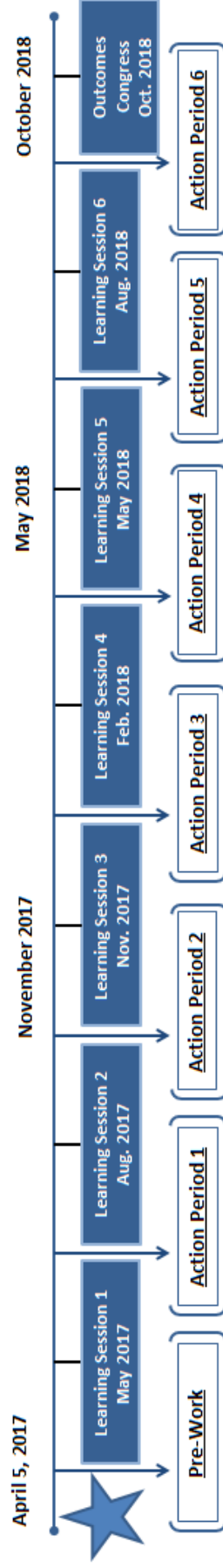
Examples of balance measures:

- Percent of patients receiving the pneumococcal pneumonia vaccine who experienced an allergic reaction to the vaccine
- Percent of patients who experienced bleeding due to aggressive use of anti-clotting medication
- Percent of staff who express high job satisfaction
- Number of resident complaints



Learning Session Timeline and Content

HealthInsight Nursing Home Resident Safety Collaborative



Pre-Work: (1) Complete QAPI Self-Assessment Tool and submit survey; (2) Identify elements of resident safety culture; (3) Review quality measures for the current six-month period

Action Period 1 Homework:

- At least 60% of staff complete and submit the AHRQ Resident Safety Culture Survey
- Join open office hours
- Apply the coaching approach and performance decision tree to at least two staff counseling opportunities
- Submit sharing template for Learning Session 2

Action Period 2 Homework:

- Craft an aim statement and implement a PIP to address one domain of your individual AHRQ Resident Safety Survey results
 - o If you chose not to do the survey, please craft an aim statement and implement a PIP to address one quality measure
- Join open office hours
- Conduct at least one PDSA cycle to achieve your aim
- Submit sharing template for Learning Session 3

Action Period 3 Homework:

- Craft an aim statement and implement a PIP to address one domain of your individual AHRQ Patient Safety Survey results
 - o If you chose not to do the survey, please craft an aim statement and implement a PIP to address one quality measure
- Join open office hours
- Conduct at least one PDSA cycle to achieve your aim
- Submit sharing template for Learning Session 4

Action Period 4 Homework:

- Complete the QAPI Self-Assessment Tool and submit survey
- Craft an aim statement and implement a PIP to address one domain of your individual AHRQ Patient Safety Survey results
 - o If you chose not to do the survey, please craft an aim statement and implement a PIP to address one quality measure
- Join open office hours
- Conduct at least one PDSA cycle to achieve your aim
- Submit sharing template for Learning Session 5

Action Period 5 Homework:

- Craft an aim statement and implement a PIP to address one domain of your individual AHRQ Patient Safety Survey results
 - o If you chose not to do the survey, please craft an aim statement and implement a PIP to address one quality measure
- Join open office hours
- Conduct at least one PDSA cycle to achieve your aim
- At least 60% of staff complete and submit AHRQ Resident Safety Culture Survey
- Submit sharing template for Learning Session 6

Action Period 6 Homework:

- Finalize a plan for sustaining gains in resident safety culture for your building
- Review your individual AHRQ Patient Safety Survey results to assess impact of PIPs during collaborative
- Compile before and after/trend data for all PIPs completed during collaborative. Pick the one you are most proud of and prepare a short 5-10 minute presentation to present at the Outcomes Congress.

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Learning Session Content

Session	Audience	Objectives
Learning Session 1: Applying Safety Principles	Facility leaders, including administrators and directors of nursing	<ol style="list-style-type: none"> 1. Describe what a culture of safety would look like in your nursing home 2. Explain the process for incorporating a just culture into your current processes 3. Verbalize how a systems perspective can prevent adverse events
Learning Session 2: Senior Leader Engagement	Facility leaders, including administrators and directors of nursing	<ol style="list-style-type: none"> 1. Develop an action plan to build a culture of safety by applying the results of AHRQ Patient Safety Survey 2. Identify characteristics of successful quality improvement or safety senior leaders 3. List five practices of effective leaders 4. Describe the responsibilities of senior leaders and informal leaders 5. Explain the role of the senior leader in addressing technical and adaptive work
Learning Session 3: Staff Empowerment	All staff, including administrators and frontline staff; residents and families	<ol style="list-style-type: none"> 1. Cite staff empowerment concepts 2. Discuss how staff empowerment contributes to a culture of resident safety, leading to improved outcomes and quality of life 3. Illustrate three ways to increase staff empowerment 4. Explain how to address and overcome challenges to staff empowerment
Learning Session 4: Teamwork and Communication	All staff, including administrators and frontline staff; residents and families	<ol style="list-style-type: none"> 1. Describe why teamwork training and improved communication optimizes resident safety 2. Describe effective communication and teamwork 3. List barriers to effective teamwork and communication 4. Explain solutions to the barriers using communication tools
Learning Session 5: Resident and Family Engagement	All staff, including administrators and frontline staff; residents and families	<ol style="list-style-type: none"> 1. Define resident- and family-centered care 2. Describe the key concepts of resident- and family-centered care in long-term facilities 3. Explain the importance of engaging residents and family members to improve the culture of safety 4. Describe different methods to engage residents and family members in safety initiatives 5. Discuss the variety of roles and how each role can contribute to improvements in quality and safety
Learning Session 6: Sustainability	All staff, including administrators and frontline staff; residents and families	<ol style="list-style-type: none"> 1. Define sustainability and understand the importance of maintaining positive change 2. Describe the link between sustainability and spread 3. Develop a plan for sustainability 4. Discuss the steps needed to sustain efforts
Outcomes Congress	Everyone	This will be an opportunity to celebrate the success of the collaborative efforts across the four states. You and your peers will be encouraged to share your journey, successes and moments of learning with each other so you can learn from each other's efforts.



QM Report



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Composite Score Report, Data through November 2016

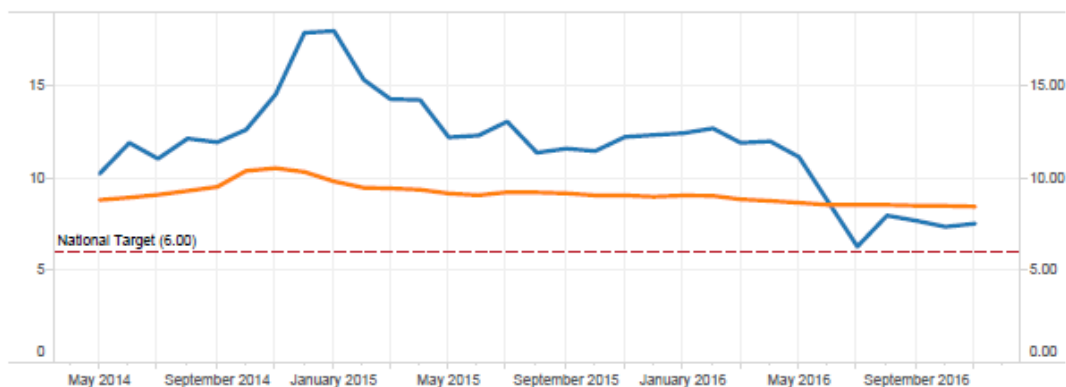
XYZ Facility

Your data at a glance:

Your facility's current composite score: 7.58

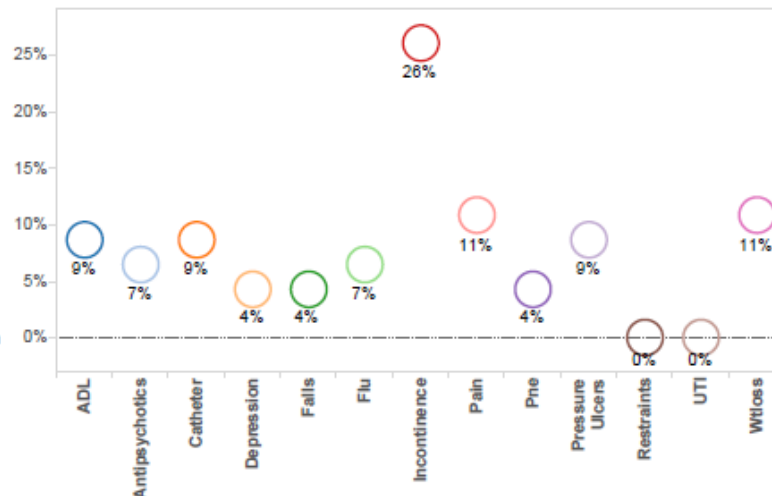
State composite score: 8.51

Composite score over time, lower is better. Your Facility (blue), State (orange):



Proportion of composite score from each measure:
The Composite Score comprises 13 National Quality Forum-Endorsed long-stay quality measures. Which one(s) are driving your score? Look for the measure(s) with the highest percentages. *Lower is better.*

Data Source: MDS 3.0 (NCC Monthly Composite Score Reports)
Each month of data represents the previous 6 months. For example, the data for July include February through July. When the data are shown over time, as in the graph above, you are seeing a rolling 6-month timeframe. For the proportions graph shown to the right and for your facility's current composite score, the data shown are the most recent 6-month time frame available.



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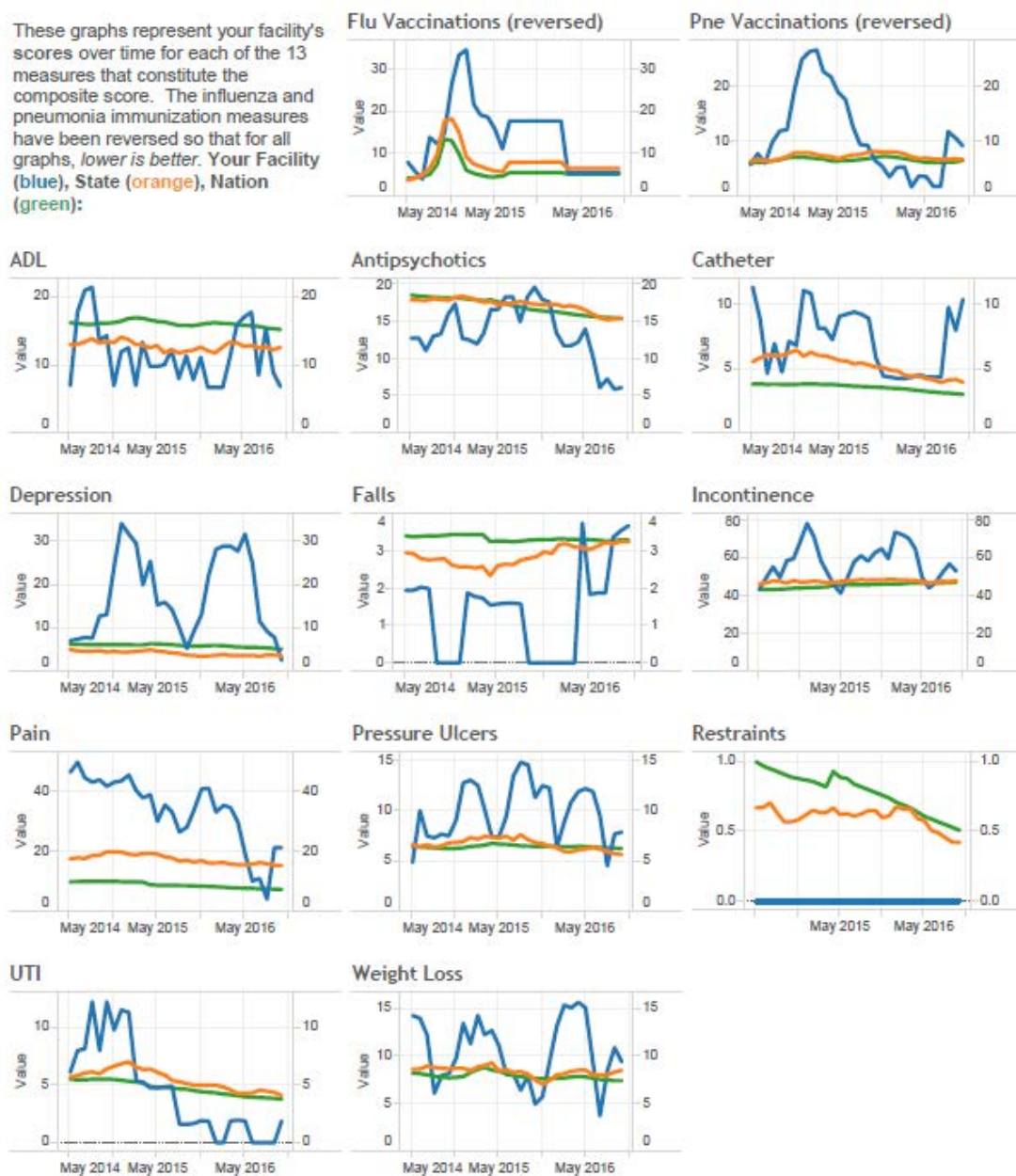
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XYZ Facility

These graphs represent your facility's scores over time for each of the 13 measures that constitute the composite score. The influenza and pneumonia immunization measures have been reversed so that for all graphs, *lower is better*. Your Facility (blue), State (orange), Nation (green):





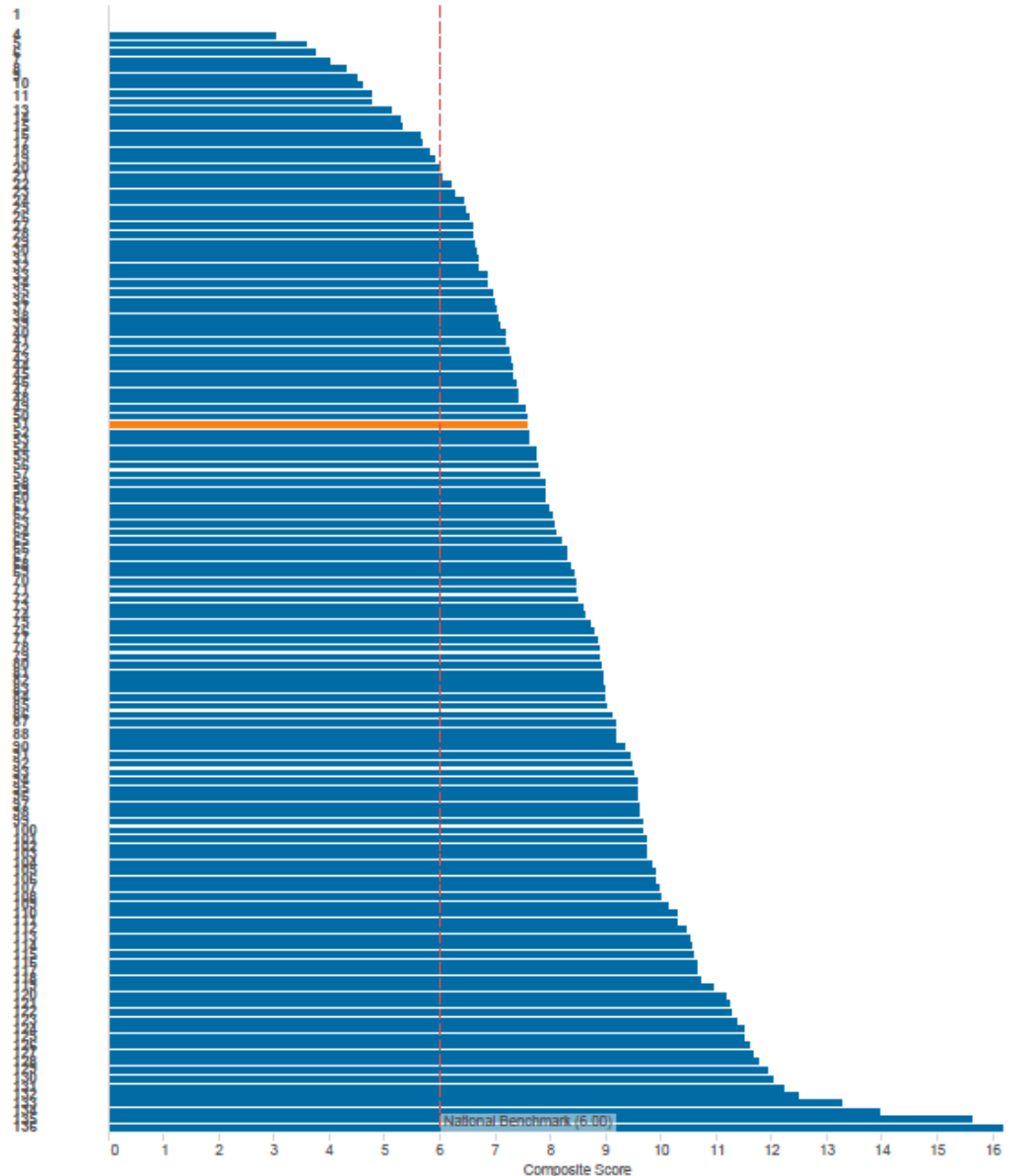
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XYZ Facility

This ranking shows your facility's composite score in relation to all of the nursing facilities in your state.



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Contacts



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Collaborative Leadership Team and Key Contacts

Submit all pre-work to your state project lead.

Nevada HealthInsight Lead

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State Partners

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State Partners

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Oregon Patient Safety Commission

Mary Post, Director of Infection Prevention

503-928-6158

mary.post@oregonpatientsafety.org

Oregon Health Care Association

Linda Kirschbaum, Senior Vice President Quality Services

503-726-5228

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LeadingAge Oregon

Ruth Gulyas, CEO

503-684-3788, extension 302

rgulyas@leadingageoregon.org



Reducing Healthcare-Acquired Conditions in Nursing Homes

State Partners

Utah

Utah Health Care Association

Allie Spangler, Director of Membership Services

801-486-6100

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State Long-Term Care Ombudsman

Daniel Musto, State Long-Term Care Ombudsman

801-538-3924

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Utah Department of Health,

Bureau of Health Facility Licensing, Certification and Resident Assessment

Greg Bateman, Long-Term Care Survey Manager

801-273-2805

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Resources



Reducing Healthcare-Acquired Conditions in Nursing Homes

QAPI Tools

CMS Resources on Quality Assurance & Performance Improvement

Main page: Links to tools, resources, adverse events

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/NHQAPI.html>

Process Tool Framework: List of links to great tools such as those listed below.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/ProcessToolFramework.pdf>

- **QAPI self-assessment tool:** You will be asked to complete this at the beginning and end of the collaborative.
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/QAPISelfAssessment.pdf>
- Measure/Indicator Development Worksheet
- Measure/Indicator Collection and Monitoring Plan
- Instructions to Develop a Dashboard
- Goal Setting Worksheet
- Prioritization Worksheet for Performance Improvement Projects
- Worksheet to Create a PIP Charter
- PIP Launch Checklist: Helpful hints for project leaders, managers, and coordinators
- Plan-Do-Study-Act (PDSA) Cycle Template
- PIP Inventory
- Sustainability Decision Guide
- Brainstorming, Affinity Grouping, and Multi-Voting Tool
- Communications Plan Worksheet
- Storyboard Guide for PIPs
- Improvement Success Story Template
- Guidance for Failure Mode and Effects Analysis (FMEA)
- Guidance for Root Cause Analysis (RCA)
- Flowcharting
- Five Whys
- Fishbone Diagram

QAPI How-To Guide by Lake Superior Quality Improvement Network

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0ahUKEwjQvqXu8tXSAhVEwWMKHd-DAjkQFggaMAA&url=https%3A%2F%2Fwww.lsqin.org%2Fwp-content%2Fuploads%2F2016%2F08%2FSL3-QAPIPlanHow-To-Guide.docx&usg=AFQjCNGlQH0JXpm895Bg03QID2GMFPwymw&bvm=bv.149397726,d.cGc&cad=rja>



Reducing Healthcare-Acquired Conditions in Nursing Homes

Resources for Implementation of Performance Improvement Projects

AHRQ Toolkit to Reduce CAUTI and Other HAIs in Long-Term Care Facilities

<https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/cauti-ltc/implement.html>

AHRQ Action Planning Tool for Users of the AHRQ Nursing Home Survey on Patient Safety Culture

<https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patientsafetyculture/planningtool.pdf>

Resource List for Users of the AHRQ Nursing Home Survey on Patient Safety Culture

<https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patientsafetyculture/nursing-home/resources/nhimpptsaf.pdf>

AHRQ TeamSTEPS, Long-Term Care Version: We will use these resources during our learning sessions but you may want to reference it for all staff training. <http://www.ahrq.gov/teamsteps/longtermcare/index.html>

Institute for Healthcare Improvement Skilled Nursing Facility Trigger Tool: A tool to measure adverse events in your facility. <http://www.ihl.org/resources/Pages/Tools/SkilledNursingFacilityTriggerTool.aspx>

Institute for Healthcare Improvement Open School: The Open School offers excellent online training modules on quality improvement principles that can be viewed in chunks of about 90 minutes. www.ihl.org

National Nursing Facility Quality Care Collaborative Change Package: If you need some ideas to get you started on an improvement project this 70 page document has general ideas collected from high performing nursing homes in the U.S. https://www.nhqualitycampaign.org/files/NH_ChangePackage_v2.0_03-26-2015_Final.pdf

National Nursing Home Quality Improvement Campaign (formerly Advancing Excellence): Well-developed online tools to measure and track improvement projects. Can be time consuming, but those who have invested in using it find it highly valuable. <https://www.nhqualitycampaign.org>

Optional Reading List

Farrell D, Brady C, Frank B. *Meeting the Leadership Challenge in Long-Term Care: What You Do Matters*. Baltimore, Md.: Health Professions Press; 2011.

Lencioni, P. *The Five Dysfunctions of a Team: A Leadership Fable*. San Francisco, Calif.: Jossey-Bass; 2002.

Ogrinc G, Headrick L, Moore S, Barton A, Dolansky M, Madigosky W. *Fundamentals of Health Care Improvement: A Guide to Improving Your Patients' Care*, 2nd Edition. Oakbrook Terrace, Ill.: Joint Commission Resources and Institute for Healthcare Improvement; 2012.



Reducing Healthcare-Acquired Conditions in Nursing Homes

Safe Table Agreement



Reducing Healthcare-Acquired Conditions in Nursing Homes

HealthInsight Nursing Home Resident Safety Collaborative

Safe Table Agreement

I am a participant in the HealthInsight Nursing Home Resident Safety Collaborative (Collaborative). As a participant, I will have access to information and documents shared by other health care members of the project community.

I agree not to disclose voluntarily or involuntarily, not to make available to anyone, and not to use either provider-specific performance data or other quality improvement information other than as a participant in the project community.

I confirm that any information I share about an adverse event that resulted in harm to a resident was reported appropriately per the state mandatory reporting requirements and does not need to be reported by other participants.

I agree:

- Not to make copies of any data or information shared by the project community participants without their express permission.
- To safeguard all shared data and information at all times so that it is not made available to or taken by any unauthorized persons (persons who have not signed this agreement), and to use my best efforts to ensure its safekeeping.
- To maintain the same level of nondisclosure of other participants' information after the Collaborative ends or I terminate my involvement in it.

Example:

If a nursing home shares information about an adverse event that resulted in harm to a resident, you may not share the name of the nursing home and information about the incident with anyone who is not a Collaborative participant.

Participating Organization (printed)

Participant Name and Title (printed)

Signature

Date

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