

Transcript for
A New Approach to Nursing Home Quality Improvement
September 16, 2014

Beth Hoover:can ask questions of the panelists that are going to be presenting today. Just a reminder as Krista has already said you are on mute. So if you would like to ask a question, please type it into the Q&A box on the right side of your screen. We will address them all at end of the presentation. As a whole the 11th Scope of Work is geared around three main aims and six focused goals.

The three aims are for us to provide better health and better care at a lower cost. These goals that we will strive to attain are to make care safer in all care setting to strengthen person and family engagement. We want to work to promote effective communication and coordination of care. We also want to promote effective prevention and treatment as well as promote best practices for healthy living to make care more affordable.

Here are some changes which you are going to notice to this 11th Scope of Work as compared to the last scope. As you can see we are now part of a Quality Innovation Network. The purpose of this network is to provide you with strategies you may need to improve your quality through the use of partnerships. We are going to be asking and seeking your assistance with solicitation of resident and their families for active participation in projects.

As you are going to see during this presentation today and going further forward in the work, patient and family engagement is going to be a very high focus of the CMS goals. We will facilitate the use of Learning and Action Networks as some of you are already familiar with and we will utilize the all teach and all learn methodologies. We will also be implementing the use of Peer Coaches to assist with the spread of successes. This also is one of the newer points of the 11th Scope of Work.

Last but not least we are going to educate you on the QAPI framework and how to use that to achieve successes.

As stated before we are now part of a five-state network. We will be known to you as the Quality Insights Quality Innovation Network.

The five states that are part of this network are West Virginia, Delaware, Pennsylvania, New Jersey and Louisiana. With the five-state network, we now have strengthened numbers and expertise, but we still have the local contacts with whom you are already familiar. They will continue to be very attentive to your needs at the state level.

Let us meet the team that you will be working with. In West Virginia we have Pam Meador, Sherry Foltz and Stacie Deslich. Delaware we have Sally Jennings. Pennsylvania will be working with Toni Daly, Deb Herron, Penny Imes, Tamara Nelson, Rosemary Campbell and Krista Davis. Krista is going to actually working very closely with all five states and herself is going to be on any communication needs we may have.

In New Jersey you will be working Daina Bungas, Marrienne Sagarese, Janet Knoth, Janet Phillips, Ashley Strain and Barbara Coleman. And last but not least we have Louisiana team including myself Beth Hoover and I am the network task lead for the all five states as well as Julie Kueker and Heather Banker.

On this slide, on the screen this slide and the next slide after, you are going to notice email address for the entire team. Just a reminder that the teams are here for you, so please do not hesitate to contact them or myself for any needs, questions or issues that may arise. Again I urge you to hang on to these two slides so that you will know who to contact and please contact us at any time.

Now to talk about the goals for the Scope of Work, I am going to turn the presentation over to Julie Kueker from Louisiana.

Julie Kueker: Thank you, thank you for that introduction Beth and it is my pleasure to give the audience and the participants a bit of an insight into the new plans CMS has for this quality journey. This Scope of Work is a bit different than those previous in that this one will last five years. This is actually a good strategy because it gives all participants enough time to test actual improvement, review what best practices work for you and implement sustainability in your organization.

Therefore, we will have a good timeframe to donate to the CMS goals to work on during the life of this quality project. The goals that you see in front of you – the first one that we have is to assist you in achieving the goal of six or better, which means we want you to get six or under for that nursing home quality composite measure. The quality with this composite measure is a subset of those publically reported quality measures found on nursing home compare.

Next you will notice a couple of topics specific goals– first including the mobility improving that of your long-stay residents and also to decrease the unnecessary use of antipsychotics. This one this antipsychotics reduction is a hot topic for some of you and therefore our collaborative will give you those strategies that will help you provide with the tools and resources to get this quality measure as well as all of them to rate your product and what best serves your residents.

The next two goals demonstrate how this Scope of Work will cross care settings. Working on things like MRSA and C.diff together with hospitals, physician offices for example will only strengthen the solutions and make sustainability a joint effort. Other cross-setting goals include how to decrease avoidable hospitalizations. With your active participation in the Learning and Action Network you will discover how Quality Insights can do much of this quality legwork for you we can save your time on this quality journey. We will bring resources, experts and tools right to you. Our intent is to make your quality life easier and your participation in the collaborative would do just that.

On the next slide you will see how the Learning Action Network Collaboratives will utilize the rapid cycle improvement so you can achieve maximum improvement quickly and easily. We are going to use that PDSA that Plan Do Study Act quality improvement methodology which also crosses over into your QAPI requirement. So this collaborative can reinforce what also crosses into your survey life.

The best practices that we will bring to you will come from partnerships with those organizations with a vested interest and those experts with the cutting edge innovation for the best solutions in your facility. Throughout the life of the collaborative you will hear from Peer Coaches and mentors to learn real success stories that work and can be sustained. You will learn these from those states that comprise our network as well as those Peer Coaches and mentors that come from your own state so you know how to learn what best works quickly and easily.

This time around the Scope of Work is built into a mechanism to ensure that the resident's voice is heard either from the resident themselves or a family representative. The resident and the family members will have the ability to share their stories and their insights as we go about, they are in quality improvement activities.

All of this makes up the structure of the Learning Action Network which ensures that all participants whether it is the Quality Insight Team, the Nursing Home participants which is most of who is on the call or the resident's voice through themselves or the family members will all have an equal place at the table. We will all teach, we will all learn and we are proud as Quality Insights to bring this collaborative to you.

Now we are going to talk a little bit about the aim of the CMS collaborative so therefore it is my pleasure to introduce Toni Daly from Pennsylvania to review this for you.

Toni Daly: Thank you Julie. And as Julie mentioned we will discuss a little bit further the aims and the goals that CMS has set for the Nursing Home Collaborative. The framework for the collaborative will be the Quality Assurance Performance Improvement Program and by utilizing this we will achieve system-wide improvement ensuring that every resident receive the highest quality of care.

The collaborative is a peer-to-peer learning environment and as Beth and Julie pointed out it will be all staff including not just leadership, but frontline staff, teaching, all staff learning from each other and all sharing their success stories as well as some of the stumbling blocks that will crop up and usually by that happening our project becomes better because we have to go back. We have to look and drill down further and set up another PDSA cycle Plan Do Study Act.

Participation will help to support your strategies for improvement and Quality Insights will assist each home and working on your specific area of improvement not just the aims that CMS has set up for reducing antipsychotics and unnecessary hospitalizations, but also looking at some of the other quality measures and system level areas for improvement.

QAPI sets expectations that will support systems of care and quality of life in every nursing home, improvements that will stick and be sustained so that you do not always have to go back and start over. Nursing homes will have a Quality Improvement Program that is consistent with other health care settings taking into account our unique aspects of nursing home.

CMS says there is no cookie cutter approach to quality improvement, that each nursing home has firsthand knowledge of their own organizational systems, their own culture and their own history. You are in the best position to assess, evaluate and improve the care and services for your nursing home. QAPI is a systemic data-driven proactive approach to performance management and improvement and by utilizing quality assurance performance improvement rather than reacting to state survey issues, you will be able to improve your processes before they are pointed out to you by the Department of Health.

And utilizing the QAPI at a glance sky and also the QAPI self-assessment that is in that sky and you include team members from each department and all levels of care you will be able to develop a plan to promote safer care, prevent adverse events and reduce risks not only to residents, but also to your staff. Please remember the quality assurance performance improvement is not additional work. By having all staff participating in Quality Improvement Performance Improvement Program you will be able to sustain those improvements that you made and you would not have to constantly go back and start all over again from the beginning.

We do have a new measure that was mentioned previously, the Nursing Home Composite Score. It was used to measure the homes they participated in the collaborative for the 10th Statement of Work. It is comprised of the 13 long-stay quality measures that include falls with injury, pressure ulcers, pain. It also includes the flu and pneumonia vaccine rate. The CMS' aim is based on nearly 10% of nursing homes nationally having achieved a composite score of six or less. So that is why we are aiming for each home to have a score of six or less. And the current national aggregate score at this time is 8.76. Please remember that the composite score does not replace the five star system. It is just another way to review quality from a system's perspective. The data does come from your CASPER reports although the flu and the pneumonia vaccine are not reported on the quality measures. So how do we achieve a composite score of six?

We need to look at, collect, analyze, utilize the data to set improvement that may include some of the quality measures and to develop a comprehensive strategy for improvement. Also by setting priorities at the system level, looking at staff stability, everyone knows what the cost, the tremendous cost when we do not have a stable staff workforce looking at team building, leadership and another person-centered care areas. When we use these components, when we improve the system-level components it will improve your quality measures and it will improve your five star rating. So CMS would like every home participating in the collaborative to at some point over the next five years reach a composite score of six or below as best practice and we will have future webinar on more detail in regards to the composite score.

A new aspect of the collaborative is the Resident and Family Engagement. We have been improving and utilizing frontline staff for the previous collaborative. They will be a pertinent part which incorporates Person-Centered Care Concepts and also the QAPI self-assessment. There is a piece of that that says that we allow time for frontline staff to participate in meetings and be part of performance improvement teams. Residents and families will be included in Quality Improvement programs taking into consideration the HIPPA Regulations and keeping resident information confidential and we will invite residents and families to participate in our activities whether it is our webinar, whether it is conference calls or Learning and Action Network activities. So there will be some of the aspects that residents and families will be invited to attend.

And to move further along in our program I would like to introduce Pam Meador from West Virginia Quality Insights.

Pam Meador: Thank you Toni and good afternoon everyone. It is now time to talk about what is in it for you and you being the providers and the stakeholders. What will Quality Insights do to help you? To begin with we will talk about once again Quality Assurance Performance Improvement or QAPI and how Quality Insights plan to help you go beyond just meeting the regulations associated with QAPI. We will help you apply that knowledge toward continuous quality improvement. To do this we will provide support for your teams before, during and after the QAPI Regulations are announced. We will provide training on QAPI that will include a step-by-step guide for not only writing the plan but how to understand and use the plan for quality improvement. We will also provide up-to-date information on this topic as it becomes available from CMS making you aware of any new documents, tools or resources released.

Next we will help you and your team with data collection and analysis. This will include instruction on proven scientific methods of quality improvement. More specifically we will provide education on various data sources including how to obtain, read and use CASPER data figure facility. This includes quality measures and calculating your composite scores. We will help your team understand how and why a facility should strive to make improvements that positively affect the star status on Nursing Home Compare. There will be information and education on INTERACT tool for improving re-hospitalization rates and making the most out of advancing excellence just to name a few.

We will assist providers on how to use all of this data for quality improvement and why it is important to consistently use scientific approaches to quality improvement. We will also provide a number of reports that can be included in your quality assurance meetings for documentation of progress or identification of the issues. Examples of these reports are as follows.

On the screen is one such example. This one is for antipsychotic medication use and it is pulled directly from CASPER. These reports are available for any focus areas that are the quality measure such as urinary tract infections, falls, pain etc. The great part is that you will be able to access your report on a secure web-based platform whenever you need

them. One thing I would like to mention is that this report that you see in front of you will look just a bit different when the website goes live but this is the basic format.

Now this one in the screenshot of the Composite Score Report keeping track of where you are in regards to the goal of six that CMS has challenged our facilities to meet or exceed.

We will be developing a collaboration. Quality Insights will utilize an email listserv network in order to share success stories with the members, share important and applicable offerings from stakeholders and other partners to the long-term care industry, provide important regulatory information on both state and federal levels, to share resources, tools, best practices and other information that would help accomplish facility goals. One important part of collaborations will be the Learning and Action Networks or LANs that center around evidence-based training, sharing the best practices, networking across the states and enhancing communication.

During the collaboration Quality Insights will utilize the Nursing Home Change Package developed by CMS from high performing facilities all across the United States. These approaches are innovative ideas that facilities have tried, tested and had success turning problems into opportunities for quality improvement. We will also be utilizing the Peer Coaches, specialized individuals who have been trained to help the collaborative succeed. They will assist by providing a fresh frontline perspective of quality improvement. We will be introducing a new website as well, Tomorrow's HealthCare. It will be the one place to go for the collaboration and sharing of those best practices. It will be a site where education is available on a multitude of topics designed for the long-term care community. This site will have tools, resources and other evidence-based items to help you improve the quality of care in your facility. It will also have the facility-specific reports that we discussed earlier in this presentation.

Of all of these projects there will be the project coordinators in each state who will help to meet your needs. These project coordinators have expertise in quality improvement in the long-term care. More importantly we are committed to this project to the residents in your facilities and to the dedicated professionals who make up each provider across the healthcare continuum.

Thank you very much for your time and I would like to turn the presentation over to Marianne Sagarese from New Jersey. Marianne?

Marianne Sagarese: Thank you. Good afternoon everyone. I am now going to, on the next few slides, share with you how easy it is to participate and become a collaborator and involved in this new Nursing Home Quality Improvement Project. This project is open to all nursing homes in each state. It is going to be a large collaborative. We are expecting about 75% of the nursing homes in each state to participate. So this is a great opportunity to learn and to have the sharing of best practices. We look forward to working with all of you as you implement the improvements in your organizations and work towards all the nursing home quality collaborative and the QAPI goals.

As you can see we have a Participation Agreement. This is a copy and for you to obtain one just contact your state project lead or coordinator. As you can see this Participation Agreement outlines your role, goals of the project and then it lists– well I’m sorry, we go back to the previous slide, yes. They list Quality Insights will do for you and one of those is what Pam was talking about where it highlights that we are going to be having focus groups and peer mentoring groups and a learning-sharing network. Certainly if the project participants are agreeing to things also and one of those that fits with the networking is to join the Nursing Home Quality Improvement Project Online Sharing Group that is going to be provided through Tomorrow’s HealthCare.

On the second page of our Participation Agreement, you will also see that there is an area that you can add additional topics, certainly as you do your assessment in your QAPI and you find that there are projects that you need to be working on more diligently possibly see therefore a consistent assignment. You can write it in there and tell us that that is what you are going to be working on. This is also the signature page. It will note your state and then will have your state’s CMS provider number stored at. For example for the one from New Jersey we will have a prefilled NJ in the state box and then we will prefill the CMS provider number with the lead of 315 and then the facility would have to add the rest of their number.

Leadership signatures are required along with an email address. We are making it very easy for you to sign on. Now again I just want to review that the agreement must be signed by either the Administrator, the CEO, COO or Owner. Along with that we encourage a clinical representative – Director of Nursing and DON to sign. Participation Agreement remains in effect until July 2019 and indicates participation in both Phase 1 and Phase 2 of the National Nursing Home Quality Care Collaborative. But there is only a one-time signature required. The completed form can be saved electronically and emailed to the address on Page 1 of the Participation Agreement. It can also be signed and then mailed or faxed to the Quality Insights project coordinator for your state.

To make it super easy for you though CMS has approved the use of electronic signatures. So I would now like to walk through the process of how to electronically sign a Participation Agreement.

After you have completed the field of the Participation Agreement double-click on the signature field. In the “Add Digital ID” box, “New ID” and then from that “Sign As” dropdown. When prompted “I want to sign this document” using “A new digital ID I want to create now,” then click “Next.” On the next “Add Digital ID” screen you just click “Next.”

This will bring up a screen that needs to be completed in four fields. Box #1 is the name of the person that is filling this out. Box #2 asks for an organizational title and for that we are asking you to fill in either Administration or Nursing. Box #3 is organization name and this of course is your facility name. Box #4 is the email address. Please be

very careful in completing the email addresses as this will be very very frequently used during the project and is a vital way of communicating with you. Then click “Next.”

Adobe will automatically store your digital signature on your computer. If you wish to change the location where your signature is stored, click the “Browse” button and select the file location.

Next, choose a password. This password will need to be entered each time you sign a document using digital signature. After you enter and confirm your password, click “Finish.”

Now, you are ready to sign the Participation Agreement. Enter your password and click “Sign.”

You will then be prompted to save the file – after you select a file location, click “Save.”

So lastly after you have completed all the fields in the form, please send it to your Quality Insights Quality Innovation Network contact, state lead or project coordinator. Again the email address will be on the first page of your Participation Agreement but if you have any questions just contact your state lead.

We are in the active recruitment time now and we are looking forward to getting your Participation Agreement. So please sign up today. We also have listed for you on the following pages the names of all those state leads for your convenience.

Thank you and now I would like it over for closing remarks and facilitation of the Question & Answer period.

Presenter: Thank you very much and again if you have a question I invite you to please type it the Q&A box on the right side of your screen.

Q: You stated there are two collaboratives, do I have to fill out the pledge agreement twice?

A: No, the answer to that is one-time signature by the Administrator, the COO or the Owner is acceptable for the entire duration of the project.

Q: What happens if an owner or CEO changes during the five-year period and/or the DON or ADON leaves during that time? Is the facility going to continue to be allocated to participate for the full five years?

A: The expectation of CMS is that once the facility is signed in they will be part of the ongoing measurement as to achieving the goals of this project and there are again each one of your state leads would be in contact with you as time went by and we are hoping that you will also be sharing with us any changes that happen within your organization.

But the answer is yes, you will be participating and again part of the measurement for the success of the project.

Q: A similar question has come in. If a company changes ownership, email addresses will change. How should this be handled?

A: I would send an email to the state lead that you have been working with whenever there is a change. The same as you do when you have changes for the state to represent for the Department of Health in your state when leadership changes.

Q: What is the commitment requirements for the nursing home, will it require a certain amount of meetings, will there be any onsite education, training or resources?

A: This is Beth. First of all there is going to be some quarterly learning and action network participation that will be required of the nursing homes and we are trying to move to a more virtual assistance for any issues that arise but if there is something that is urgently needed to be handled we can arrange a site visit if necessary.

Q: Our home does not participate in Medicare. Will we still be able to participate in the collaborative?

A: Yes. Everyone is urged and encouraged to participate.

Q: How do we know what our composite score is now? I would like to see where my facility is.

A: If you would like to know your current composite score what I need for you to do would be to contact either myself or the state lead and we can get you the information that you are requesting and then we can have one of our ladies with excellent composite score expertise review those areas with you and develop a plan that you can move forward with.

Q: Will the collaboration provide templates and insights into ongoing improvements throughout the five states and ongoing education for facilities that sign up?

A: Any templates or tools or items that we might use to show you have improved we can provide to you on a nursing home to nursing home level. As stated during the program, there will be access to Tomorrow's HealthCare website and this is going to be one of the perks of joining the collaborative is that you will have access to your reports, additional tools that you are looking for and some one-on-one assistance so to speak.

Q: How will this affect short-term rehabilitation transitional care?

A: During the collaborative as I think I don't recall who mentioned it we will be working on readmissions. So even if it is short-term care we can work on making sure those patients do not come back you for any unnecessary reasons and if they do we can

investigate kind of what happened and perhaps some of those issues going forward will be useful and some of the reporting.

Q: What are the dates of the signup period?

A: It is on the CMS that we have an ongoing enrolment throughout the entire project. Our first goal though is to have the recruitment completed by October 31 of this year and then move on into an open enrolment thereafter.

A: And this is Julie from Louisiana. To detail what Marianne was saying that it is in your best interests to sign up at the beginning because therefore the analytic reports that you saw demonstrated access to Tomorrow's HealthCare, all of that will be afforded to you with your participation into this Scope of Work. So it is in your best interest to sign up and sign up quickly as many of your peers are already doing.

Q: Is there a document available that outlines the participation requirement?

A: The requirements are actually listed on the Participation Agreement as to what Quality Insights will be doing and what a project participant is signing up for.

Q: Is it correct that the short-stay nursing home quality measures are not part of the composite score?

A: That is correct. The composite score comprises the 11 long-stay quality measures plus the two pneumonia and flu vaccine quality measures though usually short day nursing homes will have a composite score of 0.

Q: When is the first scheduled project slated to begin?

A: Projects will be beginning after the initial sign up which would be by October and then we will go forth from there. So as Julie stated please go ahead and sign up quickly and in the beginning so that you can be in on these new projects when they first begin.

Q: How will we work with peer and resident coaches?

A: This is Julie from Louisiana. Peer Coaches and resident families are going to be extremely important in this scope of work because it would be good to hear from their point of view. So not only will they assist us in Quality Insights as we help design some of these programs and they are also the voice to see what the success of some of these tools and interventions, how well do they work from that point of view. So their involvement in this collaborative comes at several different levels, from their voice of how well it works to the actual design of the improvement, to actually looking at what tools might or not might work. So they are going to have several places to plug into these Peer Coaches and mentors and the voice of the resident families.

Q: Where can we get a copy of the Participation Agreement?

A: Participation Agreements are easily obtained by emailing the leads in each state and they will be able to send you back out an electronic copy. I know though in New Jersey we are probably anticipating that we will be doing a separate email to all our nursing homes through our stakeholders and through ourselves Quality Insights, a copy will be sent to all the nursing homes in New Jersey and I am sure the other states will be following up with their distribution of copies but you certainly can email your state lead that we gave you today.

Q: Data collection is always difficult for me. How does belonging to this collaborative make it easier?

A: This is Julie in Louisiana. Data collection is so much easier if you are part of this collaborative because we can assist you. Looking at the analysis especially like the composite measure of where you might need improvement, we know exactly where to plug you into maybe one of the spreadsheets from advancing excellence to teach what is best to be able to track your project, is it internal data, is it external data. This internal data will help you find or create the best methodology to collect that data. Data collection in my experience has always been scary for some of the nursing homes and it is our job to make it less so for you. So collaborative participants can enjoy knowing that once they choose those projects they have somebody in their back pocket, us the Quality Insights Team to help you realize how best to collect your data and how to maximize it, how to make it as easy as possible to show improvement and get some real result once you identify where you need to begin your quality work.

Q: What is the difference between collaborative 1 and collaborative 2?

A: This is Julie in Louisiana. Collaborative 1 and 2, they are going to play off of each other and because it is such a five-year scope a lifelong linked ability for us to test best resources and find out best practices and figure out sustainability for your own facility in your corporation that collaborative 1 and 2, they are signing up Participation Agreements which **<END>**