

Measuring and Improving Nursing Home Quality

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Advancing Excellence: The Campaign's Purpose

To help nursing homes achieve excellence in the quality of life and quality of care for the more than 1.5 million residents of America's nursing homes by establishing a system of local quality improvement networks and providing technical assistance in order to strengthen workforce and improve outcomes.



Campaign History

2005-2006

- 2005: Small group of stakeholders come together to plan Campaign
- September '06 Kick-off Summit to launch Advancing Excellence

2007

- Jan - April – Process frameworks developed for 8 goal areas
- July – Grant from The Commonwealth Fund to support the LANEs
- November – *Interchange 2007* first national LANE Conference

2008

- January – Pain webinar (1100 open lines, 3,000 listeners)
- February – Pressure ulcer webinar (1800 lines, 5,000 listeners)
- March – Inaugural edition of monthly newsletter
- June – Consistent assignment webinar (1200 lines, 3500 listeners)
- July – 4 quarters of data show improvements; 2nd CMWF grant
- August — AHRQ Grant for *Interchange 2008* approved
- September — Staff stability Webinar; Planning retreat; website has frontline worker guides
- December- *Interchange 2008* second national LANE conference

The 8 Goal Areas

Clinical Quality Goals

- 1) Reducing high risk pressure ulcers;
- 2) Reducing the use of daily physical restraints;
- 3) Improving pain management for longer term nursing home residents; and
- 4) Improving pain management for short stay, post-acute nursing home residents.

Organizational Improvement Goals

- 5) Establishing individual targets for improving quality (STAR);
- 6) Assessing resident and family “satisfaction” with the quality of care;
- 7) Increasing staff retention; and
- 8) Improving consistent assignment of nursing home staff, so that residents regularly receive care from the same caregivers.

Organizational goals are critical to achieving clinical improvement

Lay the organizational groundwork for improvement

- Stabilize your workforce: **Increase staff retention** (Goal 7);
- Improve efficiency by letting your staff get to know their residents: use **consistent assignment** so that residents regularly receive care from the same caregivers (Goal 8); and
- Know where you're headed: use **STAR** (on the CMS web-site) to set QI targets (Goal 5).

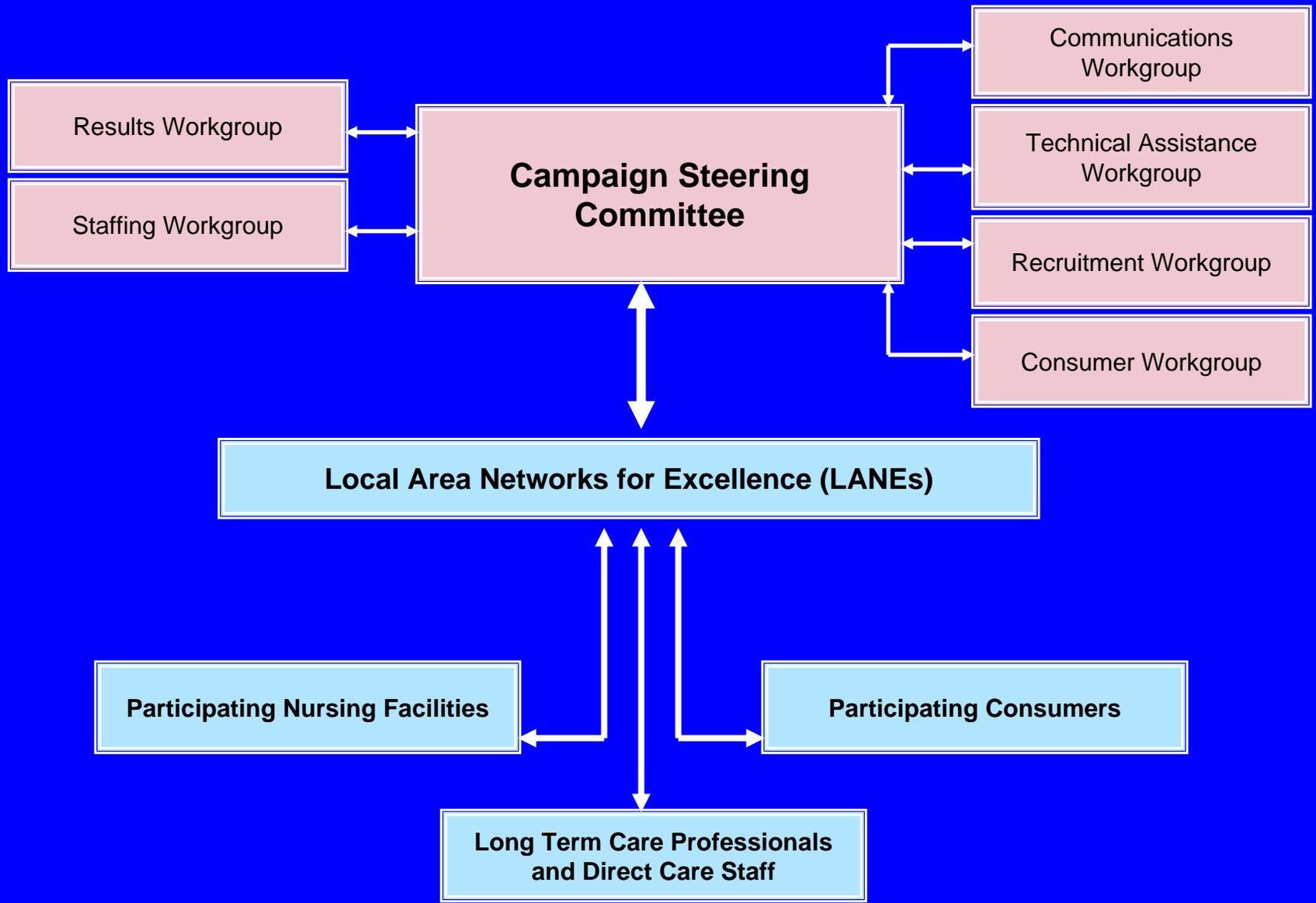
Work on the really important problems

- Reduce the use of daily **physical restraints** (Goal 1);
- Reduce high risk **pressure ulcers** (Goal 2);
- Be sure people in your home aren't hurting: **Improve pain management** for short and long stay residents (Goals 3 & 4).

Find out what your "customers" think

- Ask residents and families to tell you how you're doing: **measure experience with care ("satisfaction")** (Goal 6).

Advancing Excellence in America's Nursing Homes Campaign Organizational Chart



National Steering Committee

- AHRQ
- Alzheimer's Association
- American Association of Long Term Care Nursing (AALTCN)
- American Health Quality Association (AHQA)
- American Academy of Nursing
- AAHSA, AHCA and Alliance for Quality NH Care
- American Association of Nurse Assessment Coordinators (AANAC)
- American College of Health Care Administrators (ACHCA)
- American Medical Directors Association (AMDA)
- Association of Health Facility Survey Agencies (AHFSA)
- CDC
- CMS
- The Commonwealth Fund
- The Foundation of the National Association of Boards of Examiners of Long Term Care Administrators (NAB)
- National Association of Directors of Nursing Administration in Long Term Care (NADONA)
- National Association of Health Care Assistants (NAHCA)
- National Association of State Long-Term Care Ombudsman Programs (NASOP)
- National Conference of Gerontological Nurse Practitioners (NCGNP)
- National Gerontological Nursing Association (NGNA)
- NCCNHR: The National Consumer Voice for Quality Long-Term Care
- PHI (Paraprofessional Health Institute)
- Pioneer Network
- Service Employees International Union (SEIU)
- The Evangelical Lutheran Good Samaritan Society
- The John A. Hartford Foundation's Institute for Geriatric Nursing

Who Does What?

- Campaign Steering Committee (meets bi-weekly by phone, face-to-face quarterly) and its Work Groups
 - Governance
 - Policy
 - National meetings – the “Interchange”
 - Communications
 - Development of technical assistance materials
- CMS Support through its Nursing Home QIO QIOSCs
 - Website
 - Data Analysis
 - List serve
 - STAR target setting web site
 - Limited administrative support

LANES

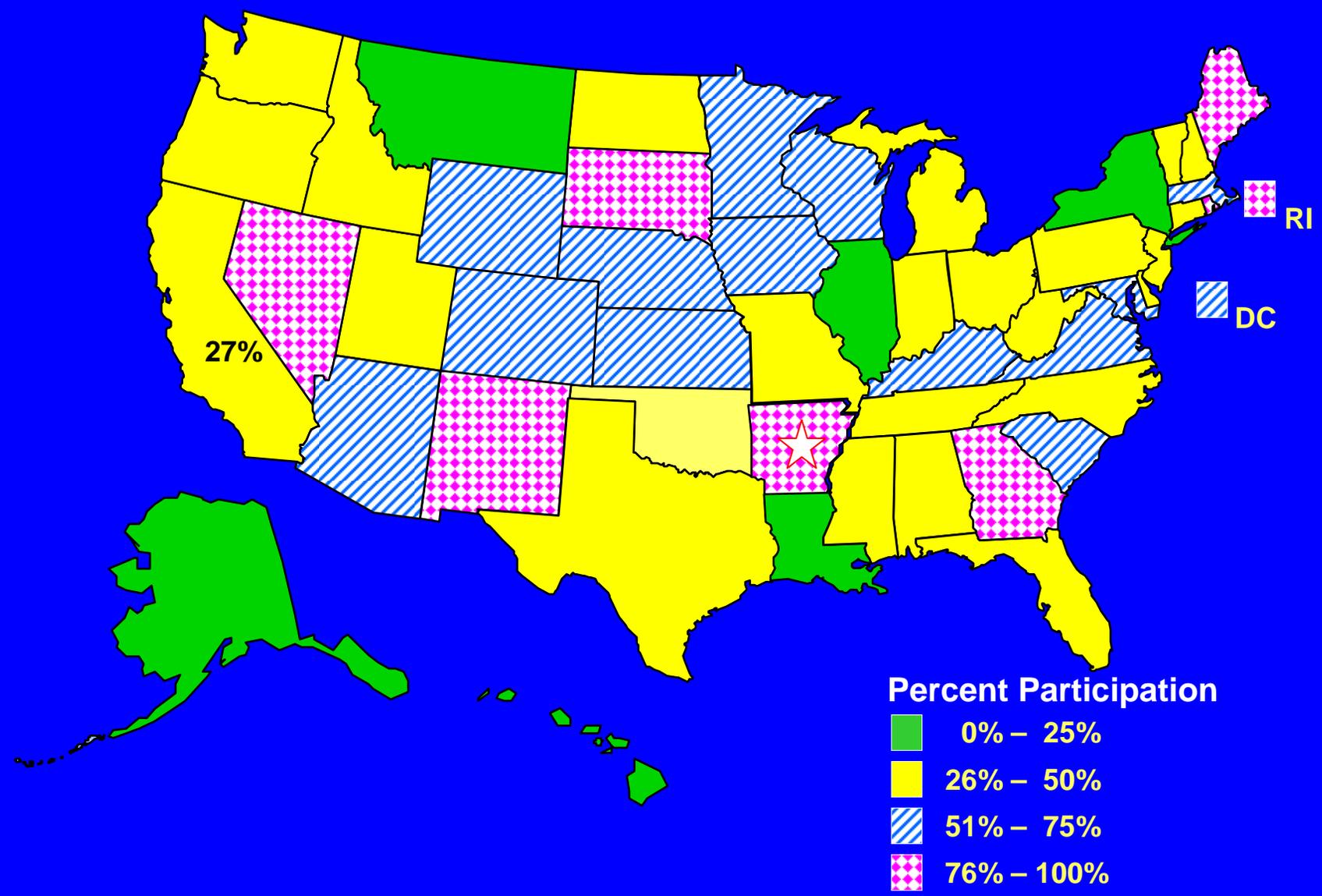
(Local Area Networks for Excellence)

- Network of individuals and organizations across the state interested in NH quality working together to help nursing homes achieve high performance, thus ensuring campaign success
- A national LANE Field Director is the liaison to transmit information between the national and the state levels and works with the LANES
- Each LANE has a “convener” – an organization which serves as point of contact;
- LANE functions
 - Raise awareness about the campaign
 - Recruit nursing homes to participate
 - Convene meetings on a regular basis
 - Provide technical assistance
 - Monitor statewide progress
 - Communicate key campaign messages
 - Respond to critical issues

Major Accomplishments to Date

- Recruited more than 7,000 (44%) nursing homes across the U.S.
- Attracted over 1,600 consumers to join the campaign
- Established a broad-based coalition of government, providers and consumers – a public-private partnership
- Demonstrated commitment of nursing homes, with homes registering for 3.7 goals (only 3 are required)
- Established LANEs in 49 states
- Developed useful Web site with QI resources
- Held 3 very well attended and received webinars on goal topics

NH Participation in Advancing Excellence (August 14, 2008)



Technical Assistance on the Advancing Excellence Web Site:

- Standardized “Process Frameworks” for each goal to help NHs apply QI principles
- Tools for measurement, including calculation of CNA turnover
- Archived Webinar/Teleconference presentations (both audio and printed)
- Links to other useful sources of information

www.nhqualitycampaign.org

Advancing Excellence Webinars Provide Useful Information

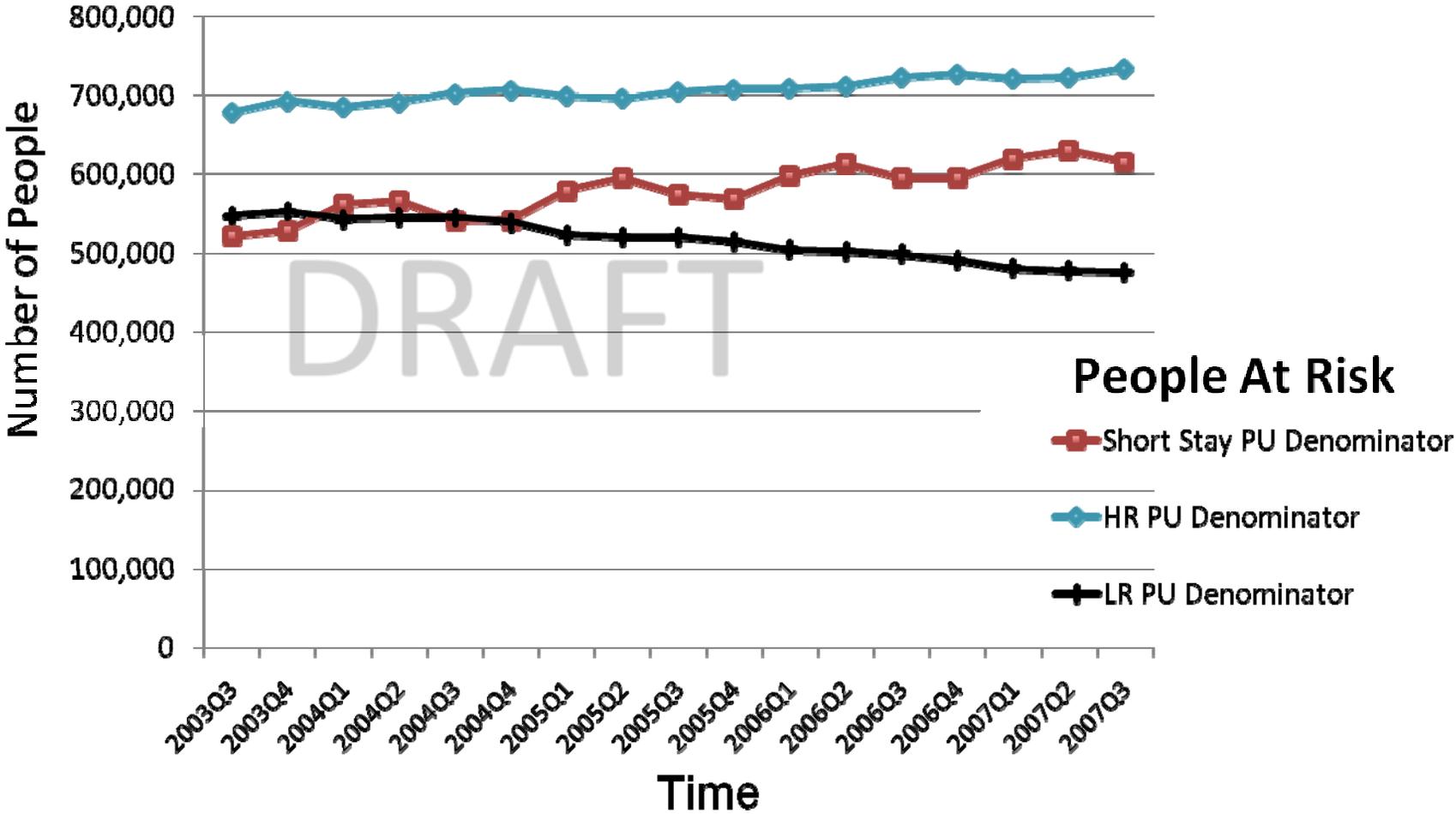
Pain Management

- 1,100 nursing homes
- 3,000 listeners
- 85% said it was useful
- 81% said they will make a change based on the presentation

Pressure Ulcers

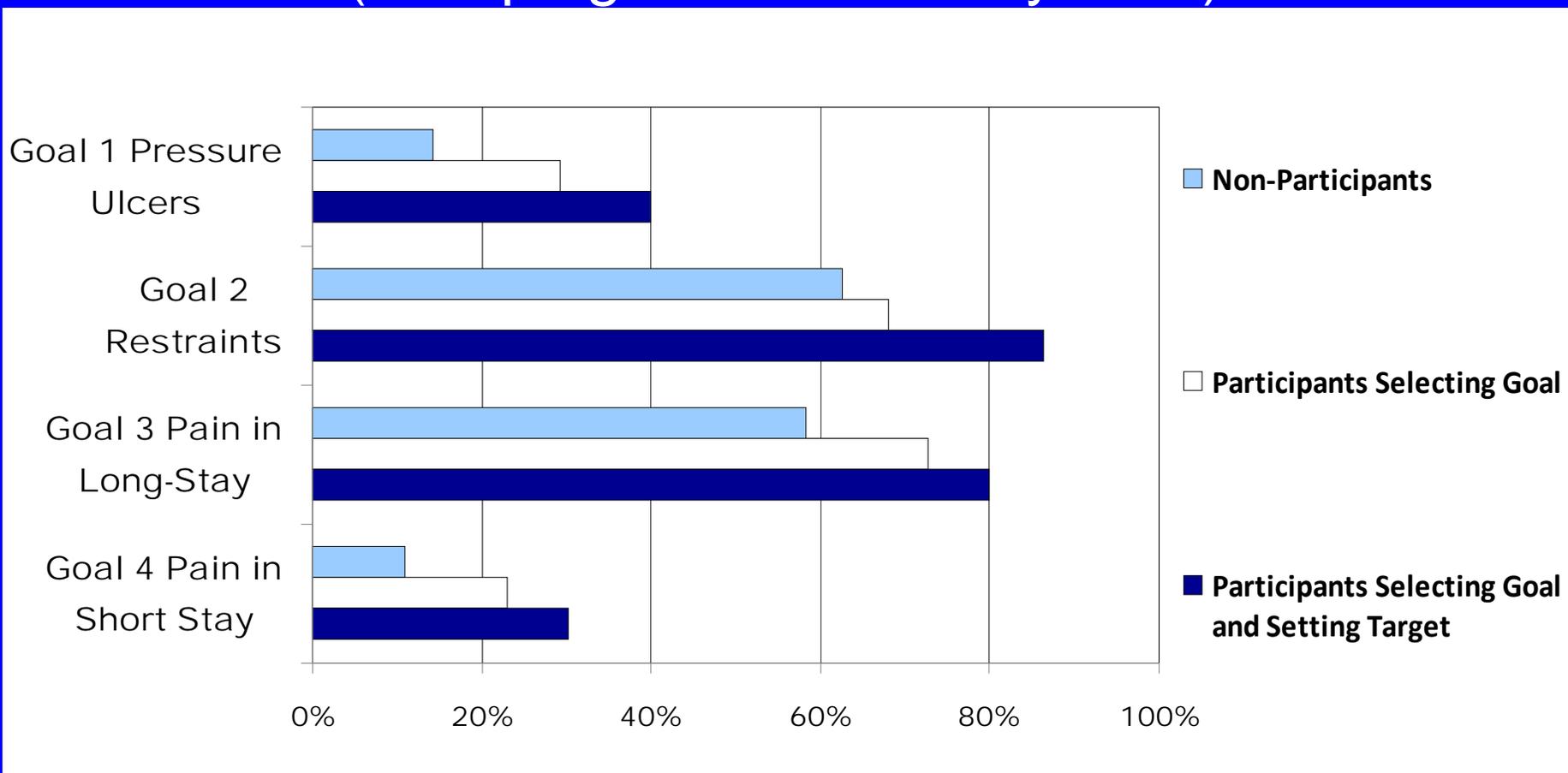
- 1,800 nursing homes
- 5,000 listeners
- 91% said it was useful
- 60% said they will make a change based on the presentation

Acuity and Frailty are Increasing



Progress Toward Goals

Progress Toward National Goal, By Participation and Target-Setting (Campaign results after year 1)



Source: This material was prepared by Quality Partners of Rhode Island, the Medicare Quality Improvement Organization for Rhode Island, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the US Department of Health & Human Services. The contents presented do not necessarily reflect CMS policy. Data through one year (four quarters).

Summary – California

	National	California(Rank*)	List of 4000*
Recruitment	44.9%	27.1% (44)	
Pressure Ulcers*	12.4%	14.2% (7)	190 of 1255 (15.1%) have pressure ulcer rates >20%
Restraints*	4.5%	9.7 % (1)	575 of 1255 (45.8%)restraint use rates >11.0%
Chronic Pain*	4.1%	4.4 % (17)	
Acute Pain*	19.8%	24.2% (10)	
Target Setting	32.7%	22.0%	

For the clinical measures, a lower percentage is better; for recruitment and target setting, A higher percentage is better. Rankings are from highest to lowest A. ranking of 18 means 17 states have higher rates. Data is accurate for Q1 2008.

Arkansas: 100% Participation

% of Residents with Physical Restraints

	Nation	Arkansas
2005 3rdQ	6.8	14.5
2005 4 th Q	6.6	13.6
2006 1 st Q	6.4	13.4
2006 2 nd Q	6.3	13.5
2006 3 rd Q	6.2	13.6
2006 4 th Q	5.9	13.2
2007 1 st Q	5.6	12.7
2007 2 nd Q	5.3	12.0
2007 3 rd Q	5.1	11.0
2007 4 th Q	4.9	8.2
2008 1 st Q	4.5	7.3

Start of AE

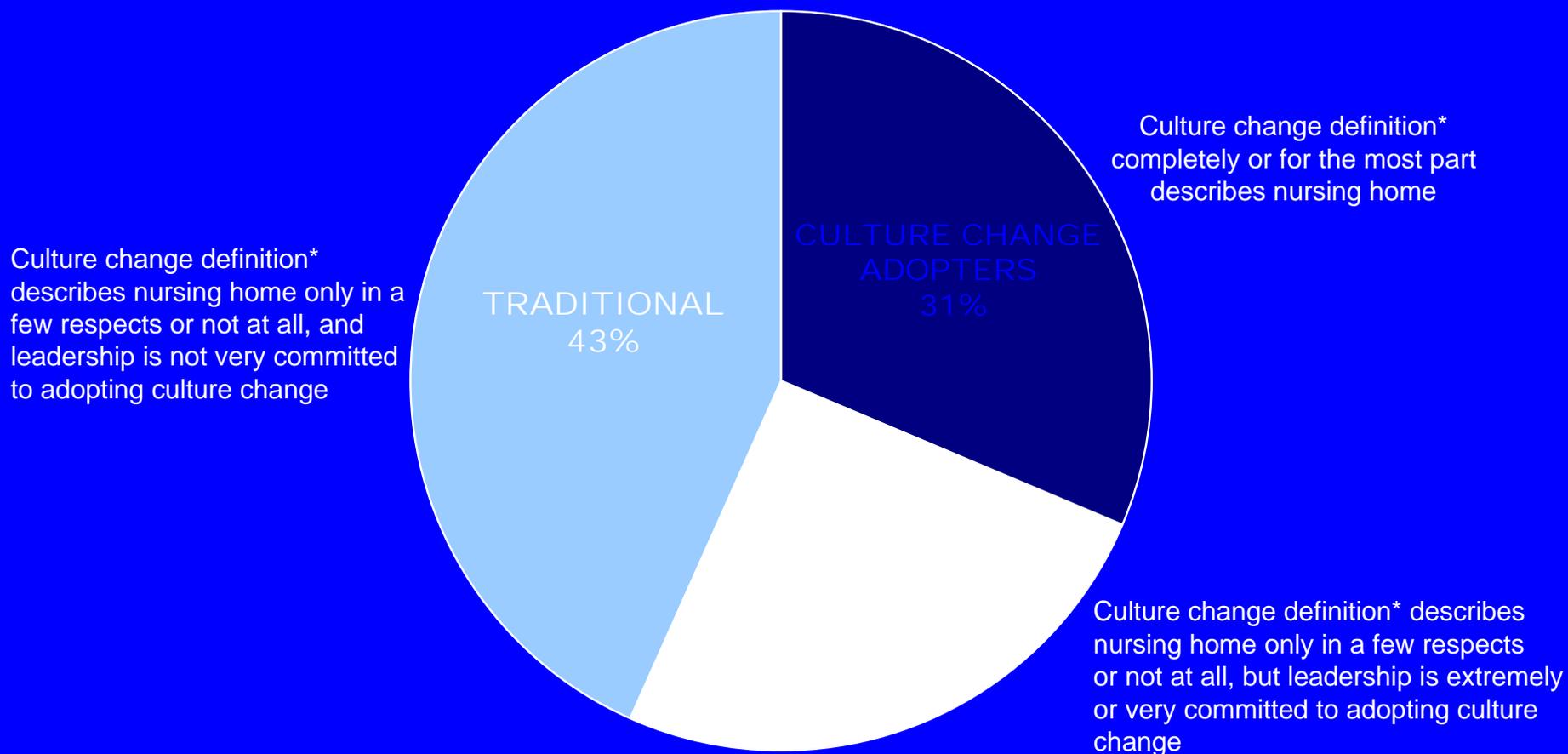
Moving ahead: the campaign continues

- Will maintain a total of 8 goals (even if some are swapped, modified).
- Added objective for the LANEs on Goal 1, reducing pressure ulcers: LANEs have hospital partner join.
- Set new national targets for physical restraints:
 - national rate below 3% and
 - 50% of homes at 0.
- Drop target setting as a separate goal and require target setting be part of all goals.
- Will keep consistent assignment and satisfaction as goal areas but define them better and develop more meaningful measures.
- Will ask homes to update their profile (e.g contact info, goal selection, etc)
- Will add a new goal broadly termed “advance directives”. Will be working on definition and measurement.

Culture Change:
The Commonwealth Fund 2007
National Survey of Nursing Homes

Nursing Home Adoption of Culture Change, 2007

Distribution of Combined Measures of Facility Engagement in and Leadership Commitment to Culture Change or a Resident-Centered Approach*

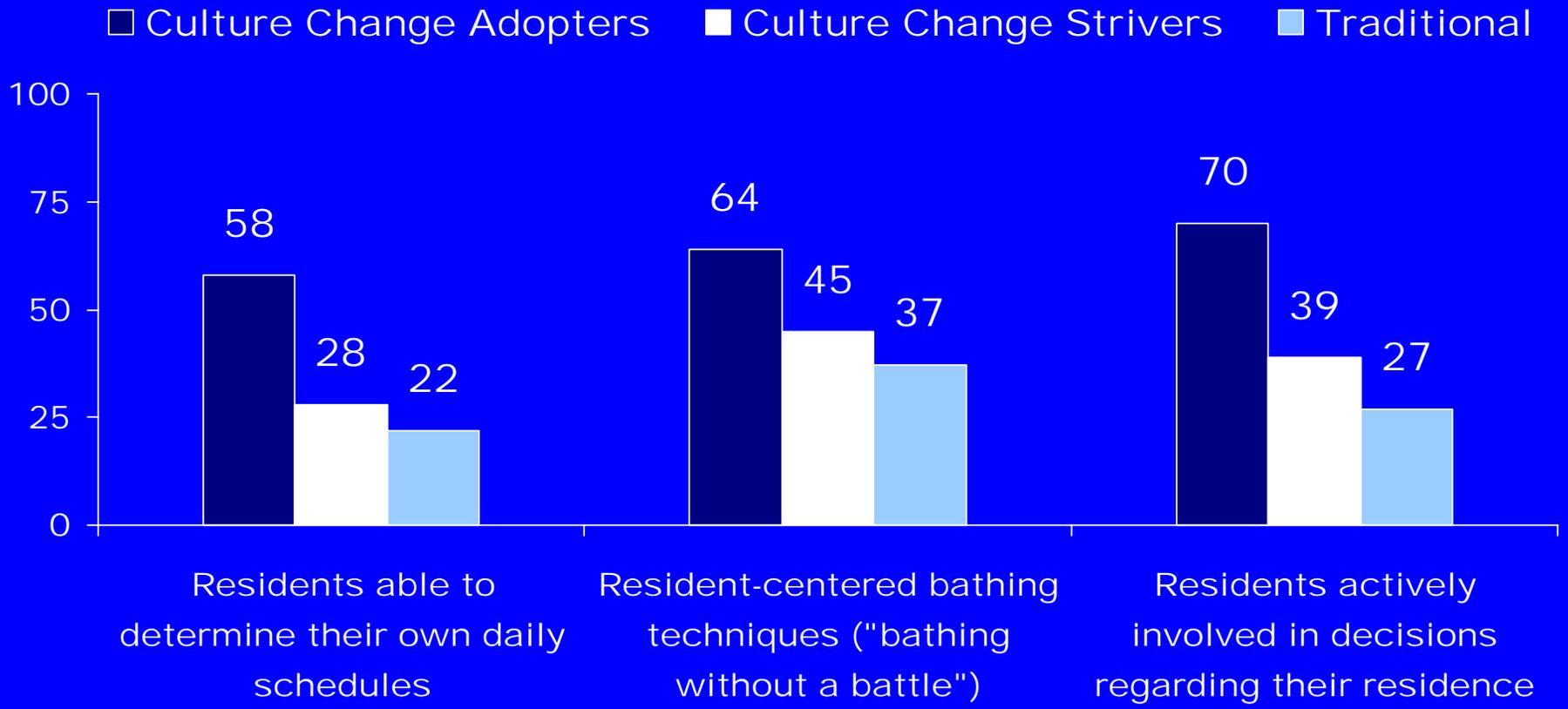


*Culture change or a resident-centered approach means an organization that has home and work environments in which: care and all resident-related activities are decided by the resident; living environment is designed to be a home rather than institution; close relationships exist between residents, family members, staff, and community; work is organized to support and allow all staff to respond to residents' needs and desires; management allows collaborative and group decision making; and processes/measures are used for continuous quality improvement.

Source: The Commonwealth Fund 2007 National Survey of Nursing Homes. Report available on www.commonwealthfund.org

Residents' Ability to Determine Their Own Daily Schedules and Make Decisions Varies Widely Between Culture Change Adopters and Traditional Nursing Homes

Percent of facilities indicating they are currently implementing the following initiatives

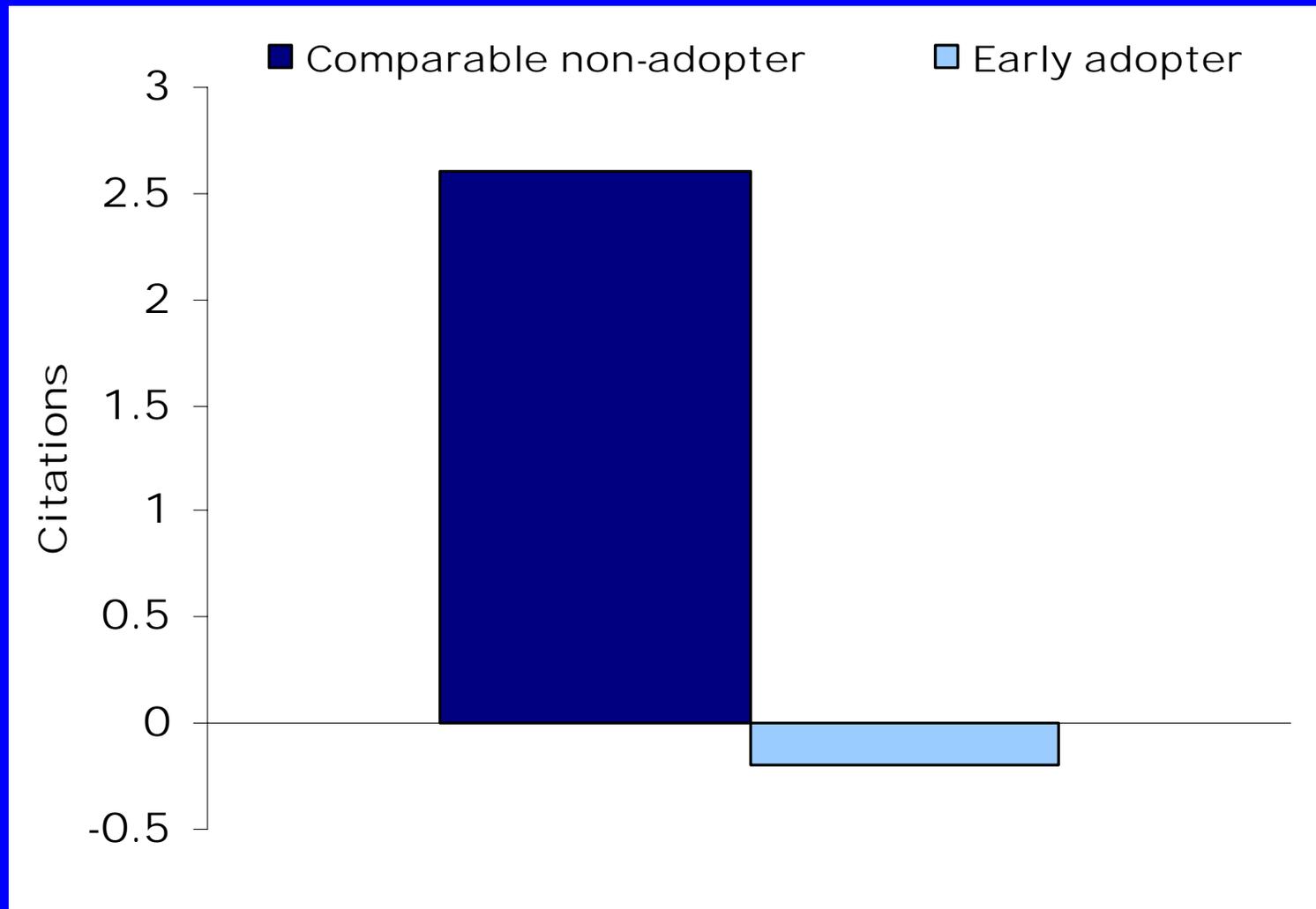


Culture Change Adopters=culture change definition completely or for most part describes nursing home. Culture Change Strivers=culture change definition describes nursing home only in a few respects or not at all but leadership is very/extremely committed to the adoption of culture change. Traditional=culture change definition describes nursing home only in a few respects or not at all AND leadership is less than very/extremely committed to the adoption of culture change.

Source: The Commonwealth Fund 2007 National Survey of Nursing Homes.

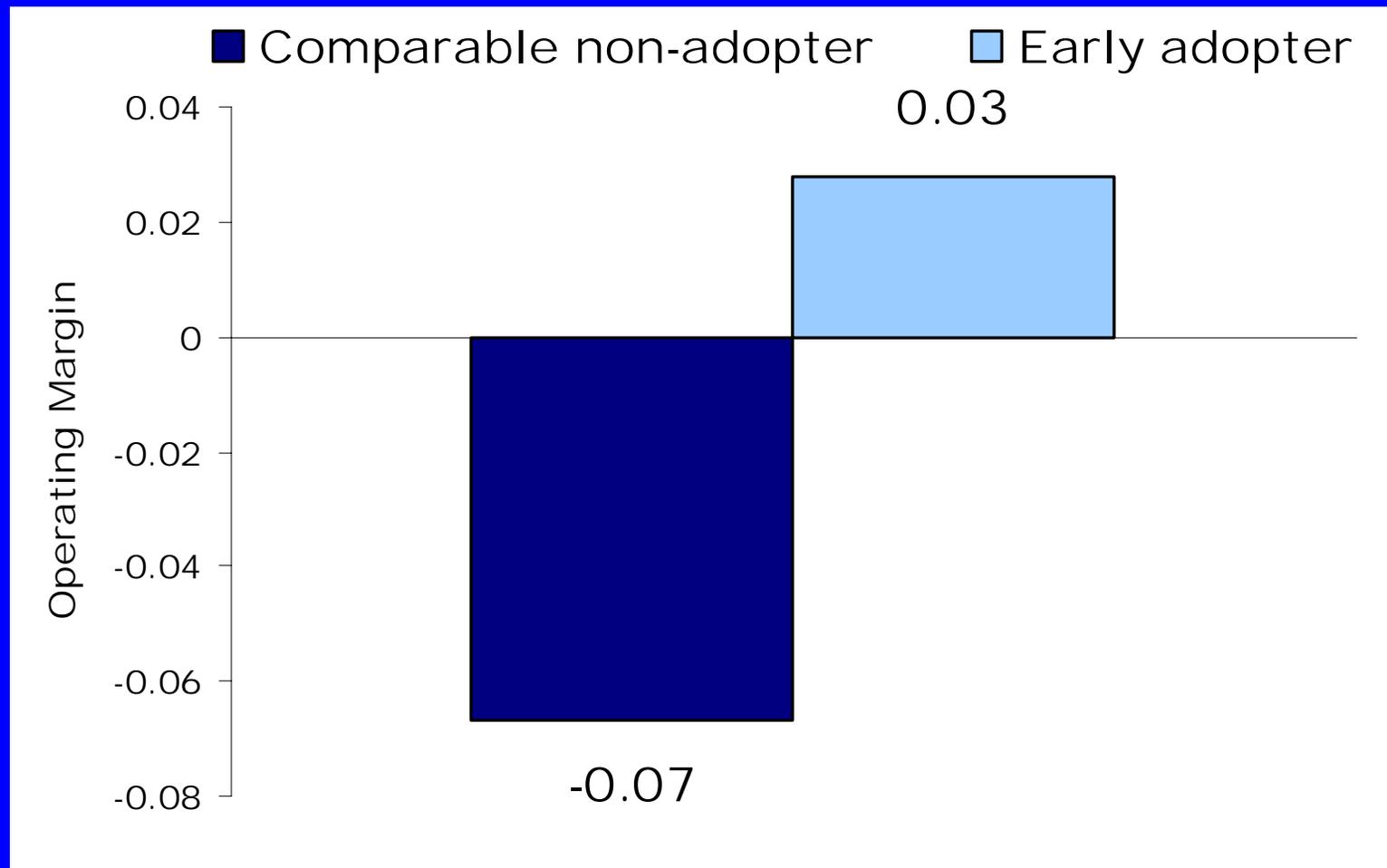
Culture Change Adopters Receive Fewer Citations for Violations Than Non-Adopters*

Average Change in Citations from 1996 to 2003



Culture Change Adopters Have More Positive Operating Margins

Average Change in Operating Margin from 1996 to 2003



The Picker/Commonwealth Program on Quality of Care for Frail Elders

Program Goal: To improve the quality of residential
long term care

Program Strategies

1. Identify, test and spread effective practices, models and tools to help nursing homes transform to become resident-centered, high performance organizations
2. Track and respond to policy issues and health care system trends affecting residential long-term care

Models and tools

Models:

- Wellspring: demonstrated the effectiveness of an ongoing learning collaborative
- Green House: showed that small group homes were a viable alternative to large facilities and improved quality for residents and staff

Tools to help NHs become resident-centered

- Steve Shield’s Tool-kit “In Pursuit of the Sunbeam”
- Pioneer Network’s “Getting Started”
- LaVrene Norton’s “What Does Resident-Centered Care Look Like?” a video and workbook for QIOs and providers

Residents and Staff of the First Green House* Have Positive Outcomes ²⁶

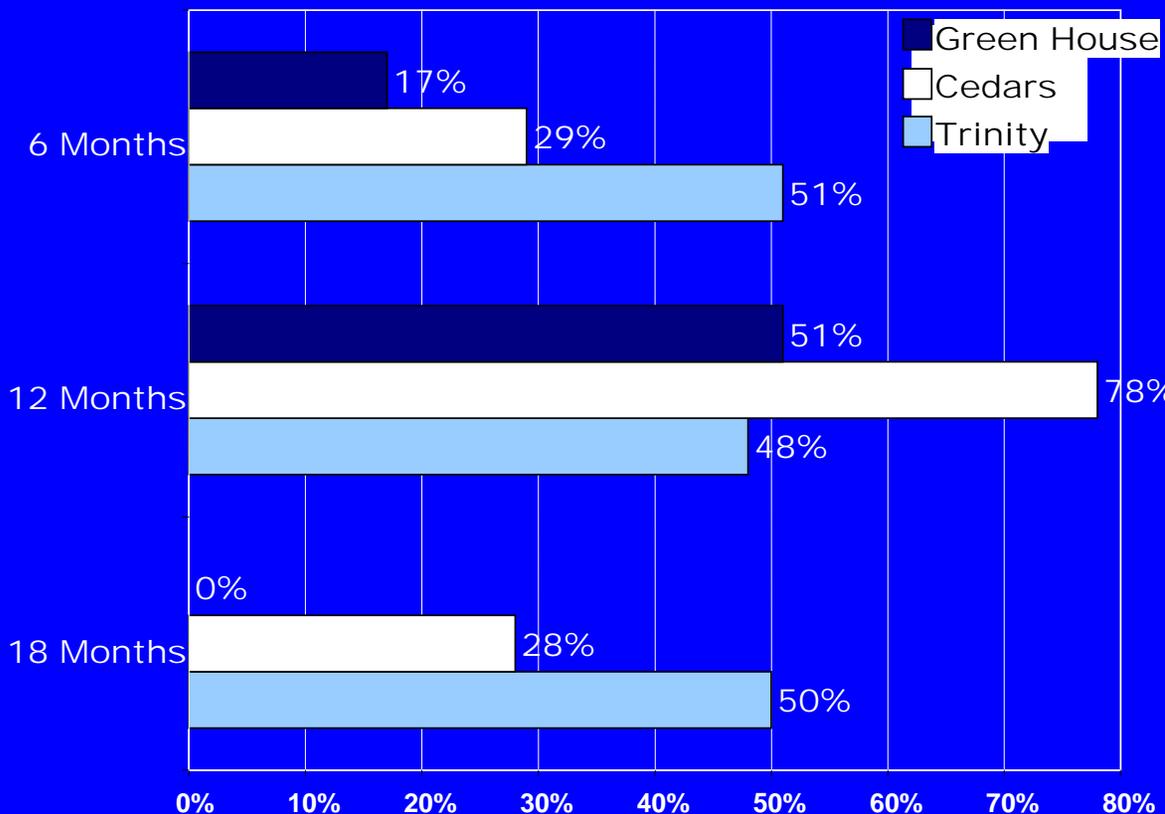
Green House residents had:

- A better quality of life
- Greater satisfaction
- Better or equal outcomes

Green House staff felt:

- More empowered to assist residents
- Knew residents better
- Greater intrinsic and extrinsic job satisfaction
- Wanted to remain in the job

Percent Residents with Decline in Late Loss Activities of Daily Living (ADLs)



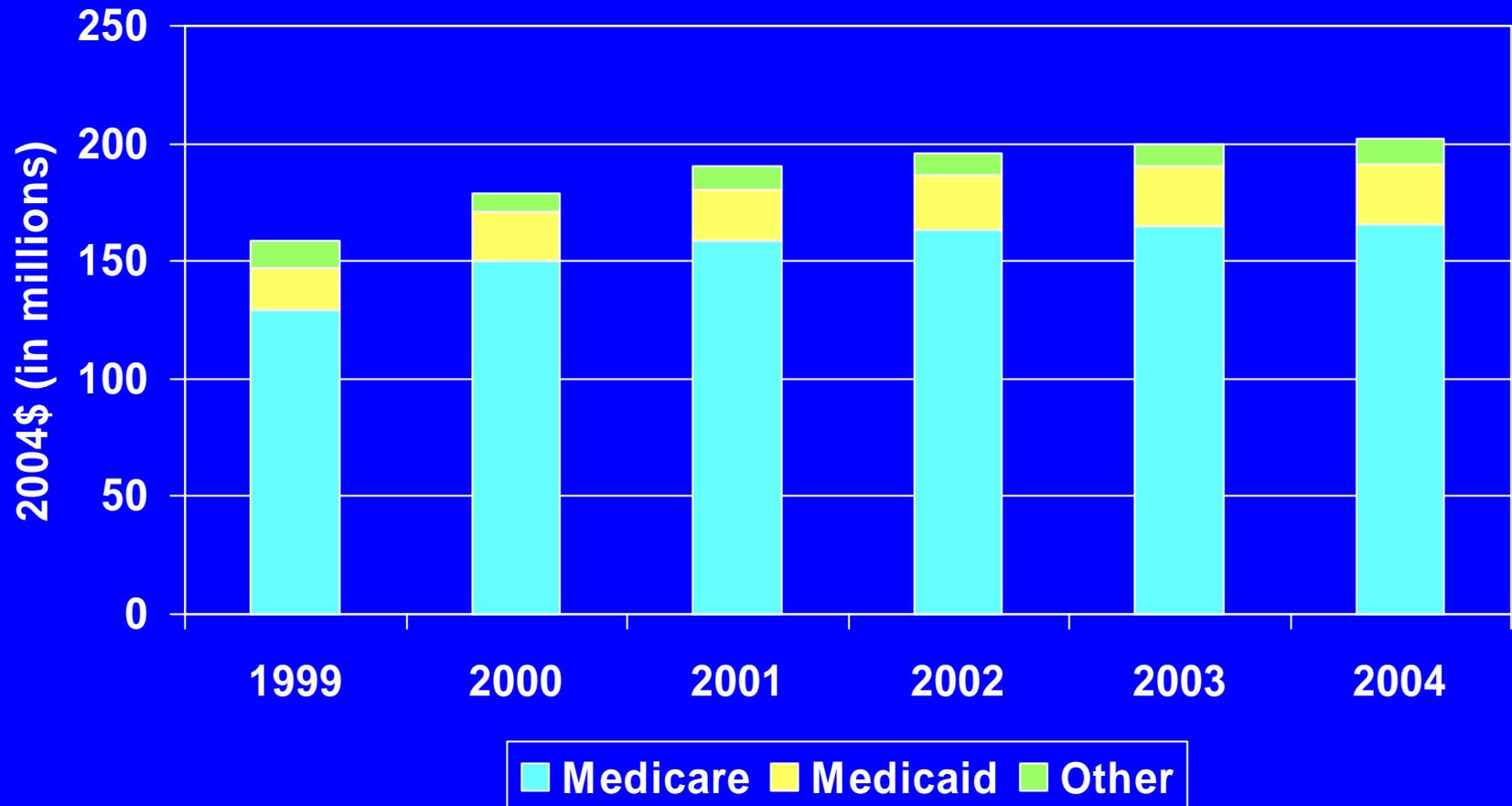
* A Green House is a small group nursing home for 10 residents. The first one was in Tupelo, MS.

Source: R. A. Kane, T. Y. Lum, L. J. Cutler et al., Resident Outcomes in Small-House Nursing Homes: A Longitudinal Evaluation of the Initial Green House Program, *Journal of the American Geriatrics Society*, June 2007 55(6):832-39

System level change: recent projects

- Costs of NH resident hospitalization in NY
- An examination of disparities in NH quality
- Consumer Reports “Business as Usual”:
lessons from the NH Watch List

NH Hospitalization Costs in NY by Primary Hospital Payer: ACS Conditions

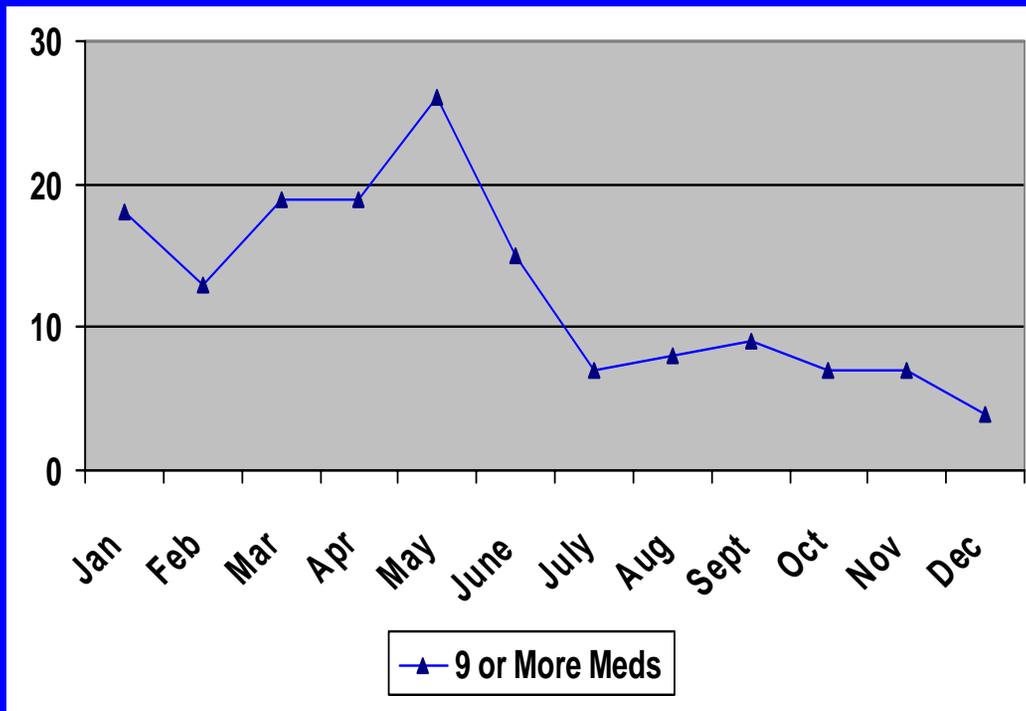


Other current projects

- NYS's demonstration project evaluating the impact of an EHR on residents, staff and facility operations
- Safely reducing hospitalizations for nursing home residents

Results from Four Seasons NH

QI/QM: 9+ Medications



Total number of residents on the Long Term Care Unit with nine or more medications.

Online tracking of medication orders with drug-drug and drug-allergy interactions allows physicians to better assess total medication picture for a resident and discontinue medications accordingly.

JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEPT	OCT	NOV	DEC
18	13	19	19	26	15	7	8	9	7	7	4

Four Seasons NH – Savings in Paper Forms

Type of Form	April-June 2007	Sept-Nov 2007
Nursing Progress Notes	\$128	\$0
Care Plans	\$1,840	\$0
Physician Order Sheets	\$600	\$0
Accountability Forms	\$500	\$0
Dietary Assessment Forms	\$540	\$0
MDS Booklets	\$900	\$0
Medication & Treatment Administration Record Forms (paper and processing)	\$9,000	\$0

Total savings on paper forms:

- \$13,508 per quarter

- \$54,032 per year

Improving NH care by safely reducing avoidable transfers of residents to hospitals

Institute of Medicine/CMS
Goals for Quality Care
(*Safe, Timely, Effective, Efficient, Equitable, Person-Centered*)

Tools/processes

- Care protocols
- Communication
- Policies for use of advanced directives

Infrastructure/resources

- MD/APN
- Diagnositcs
- Equipment
- Pharmacy

**Reduced Avoidable
Hospitalizations**