A Call to Action: Raising Awareness for Reducing Adverse Events in Nursing Homes

Quarterly Teleconference

January 7, 2015
Housekeeping

Meeting Facilitators:

– Allison Muma – Abt Associates
– Alice Bonner – Northeastern University

Logistics:

- Telephones will be muted to diminish background noise
- Participants can ask questions/make comments by “raising their hands” or entering them in the chat box
- 3 presentations followed by opportunity for questions and group discussion
# Meeting Agenda

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<td>2:00 – 2:05</td>
<td>Welcome &amp; Introductions</td>
<td>Allison Muma, Abt Associates Evan Shulman, CMS</td>
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<td>2:05 – 2:30</td>
<td>Presentation by the American Medical Directors Association</td>
<td>Len Gelman, AMDA</td>
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<td>2:30 – 2:50</td>
<td>CMS Update</td>
<td>Debra Lyons, CMS</td>
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<td>An Update on the National Nursing Home Quality Care Collaborative (NNHQCC)</td>
<td>Carmen Winston, CMS</td>
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<td>2:50 – 3:20</td>
<td>Questions and Group Discussion</td>
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<td>3:20 – 3:30</td>
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<td>Allison Muma, Abt Associates</td>
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Quality Prescribing Campaign
OIG Study (2/2014)

- 33 percent of Medicare beneficiaries experienced adverse events or temporary harm events during their SNF stays.
- 59 percent of these adverse events and temporary harm events were clearly or likely preventable.
- Attributed much of the preventable harm to substandard treatment, inadequate resident monitoring, and failure or delay of necessary care.
On the basis of national ADE data from inpatient and outpatient settings, three types of ADEs were considered to be common, clinically significant, preventable, and measureable, and were therefore selected as the high-priority targets of the ADE Action Plan.

The three initial targets of the National Action Plan for ADE are:

- Anticoagulants (primary ADE of concern: bleeding)
- Diabetes agents (primary ADE of concern: hypoglycemia)
- Opioids (primary ADE of concern: accidental overdoses/over-sedation/respiratory depression)
Quality Prescribing

- In response to the OIG report and National Action Plan for ADE prevention, AMDA is proposing to develop a coalition for education, training and advocacy for appropriate prescribing of these high-risk medications. The campaign is to be named “Quality Prescribing.”
What is Quality Prescribing?
What is Quality Prescribing?

The act of prescribing medication that is:

- Thoughtful and responsible
- Involves patients and families in decision-making
- Relies upon informed consent
- Evidence-based
- Considers the whole person and their entire body, not just the intended effect on a particular organ or system
- Requires appropriate ongoing assessment and monitoring
- Emphasizes the importance of good communication
- Relies on teamwork
Quality Prescribing

In an effort to optimize medication benefit and patient safety, and to ensure freedom from chemical restraints and unnecessary drugs, Quality prescribing in care settings requires **good systems and processes** to provide timely prescribing and administration of medications, appropriate monitoring, maximizing patient autonomy and ensuring ready availability and safe-storage.
National Quality Strategy (NQS)

- The NQS is defined by three aims (better patient care, community health, and efficiency) and outlines six priorities to achieve these aims:
  - Safer Care
  - Informed Patient and Family Engagement
  - Communication and Care Coordination
  - Science-Driven Prevention and Treatment
  - Promoting Best Practices Within the Community
  - Innovative Delivery Models To Achieve Affordable Care
National Quality Strategy (NQS)

• These priorities embody the principles and approaches that can effectively reduce ADEs and create a culture of safety around the effective and safe use of medications in our Post Acute and Long Term Care setting.
PROPOSED INTERVENTION
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Specific sources of information:

• AMDA Clinical Practice Guidelines:
  • Diabetes Management in the Long Term Care Setting
  • Pain Management in the Long Term Care Setting
• AMDA Toolkit: Antithrombotic Therapy in the Long Term Care Setting
• AMDA Multidisciplinary Medication Management Manual
• Additional resources recommended by stakeholders
Specific tools will be developed separately for:

- Attending physicians and NPP
- Consultant and Long Term Care Pharmacists
- Medical Directors
- DON
- Front line staff
- Administrators
- Consumers - patients and families
- Care Transition Tools for these medications

- *Brief, one page or less, information sheets*
PROPOSED INTERVENTION

**QAPI Tools** aligned with the existing resources available on QAPI:

- Spreadsheets to be populated that will show run charting, control charting
- QAPI specific education
- Links to other QAPI tools and resources
PROPOSED INTERVENTION

General Education: via the following methods:

- Webinars
- Live sessions
- Online education – live and enduring
PROPOSED INTERVENTION

Engaging Partners and Stakeholders: Create broad visibility for the campaign:

- Partner and stakeholder organizations
- Affiliated components and chapters of partner organizations
- Federal partners
- Industry and general consumer media
AMDA would like to lead a coalition of stakeholders in beginning to address this issue by coordinating and collaborating to bring to bear a multi-pronged, multi-organization effort to improve prescribing in this PA/LTC setting.
Quality Prescribing

• Coalition (as of 1/1/2015)
  – AMDA
  – ASCP
  – AHCA
  – Leading Age
  – Consumer Voice
  – AGS
  – CMS
  – Others welcome
Quality Prescribing

• Next steps
  – Convene a cross-committee to produce the educational intervention
    • Information sheets
    • Webinars and live/online education
  – Develop QAPI Tools
  – Develop resources for the dissemination of the campaign
Updates/What’s Next...

• NH QAPI webpage - [http://go.cms.gov/Nhqapi](http://go.cms.gov/Nhqapi)
  – Learning Sessions
  – Section for Adverse Events

• NNHQCC – Spring 2015
  – QIOs recruiting volunteers
  – Training in QAPI, access to best practices, and peer to peer quality improvement forums

• OIG Report: Adverse Events in SNFs – Incidence among Medicare Beneficiaries
Adverse Events in NHs

• Facilitate “Call to Action” meetings to work with stakeholders to reduce adverse events
  - 9/23/14 – First in-person meeting at CMS
  - 1/07/14 – Teleconference/webinar

• Collaborate with AHRQ to help nursing homes recognize adverse events and precursor events that lead to serious injury
  – Define adverse events
  – Identify events, risk factors and triggers
Adverse Events Focus Surveys
- Exploring ways to enhance the survey process using existing guidance to improve surveyors’ abilities to identify non-compliance that contributes to adverse events

Embed principles for reducing adverse events in the roll out of Quality Assurance & Performance Improvement (QAPI)
- Definitions
- Potential events
- Systems for identifying, tracking, correcting, and evaluating
The National Partnership to Improve Dementia Care will be joining forces with Quality Assurance Performance Improvement (QAPI) to deliver informative calls that are beneficial for a variety of audiences on a variety of topics.

2015 Tentative MLN – Connects Call Schedule:

- Tuesday, March 10th 1:30-3:00pm EST
- Tuesday, June 16th 1:30-3:00pm EST
- Thursday, September 3rd 1:30-3:00pm EST
- Tuesday, December 1st 1:30-3:00pm EST
A Call to Action: Raising Awareness for Reducing Adverse Events in Nursing Homes

The National Nursing Home Quality Care Collaborative (NNHQCC)

January 7, 2015
Welcome!

Carmen Tyler Winston, MHSA, BSN, BA
Government Task Leader
Division of Beneficiary Healthcare Improvement & Safety
Center for Clinical Standards and Quality Centers for Medicare & Medicaid Services
QIOs

• Quality Improvement Organizations
  – Mandated by Social Security Statute (1965) to protect/promote the wellbeing of Medicare beneficiaries and the Medicare Trust Fund

• IOM Report, “Crossing the Quality Chasm,” 2001
  – Care should be Safe, Timely, Effective, Efficient, Equitable, and Patient/Resident-Centered

  – QIOs should provide “… technical assistance to providers and practitioners aimed at building their capacity for quality improvement.”
11th SOW: National Nursing Home Quality Care Collaborative (NNHQCC)

• 2 Structured Engagement Periods beginning:
  – April 1, 2015 and April 1, 2017

• IHI Breakthrough Series Collaborative Model
  – 18 months learning system
  – Create a structure in which homes learn from each other
  – Improvement in focused topic and clinical area(s)
  – QAPI as a knowledge framework

• Fast-paced ‘All teach/All learn’ environment
The National Nursing Home Quality Care Collaborative (NNHQCC) seeks to:

• Ensure every nursing home resident receives the highest quality care,
• Instill quality and performance improvement practices,
• Eliminate healthcare acquired conditions,
• Improve resident satisfaction
• Achieve a score of 6.00 or lower for 50% of RTN July 31, 2014.
10th SoW NNHQCC Focus: Systems!

- **15,600** nursing homes in the U.S.
- 1.3 million people live/receive care there
- $151.5 billion spent in 2012 for nursing care facilities and CCRCs
- **5,021** nursing homes in 10th SoW worked to improve systems
NNHQCC Progress: 10th SoW

5,021 Nursing Homes recruited!
NNHQCC Progress: 10th SoW

![Bar chart showing progress in QAPI Tool, Goals, and Systems for different months]

- **QAPI Tool**: APR'13 = 17.41, JUL'13 = 36.92, OCT'13 = 58.98, JAN'14 = 72.50, APR'14 = 82.50
- **Goals**: APR'13 = 29.10, JUL'13 = 63.26, OCT'13 = 69.14, JAN'14 = 77.00, APR'14 = 80.50
- **Systems**: APR'13 = 27.12, JUL'13 = 72.84, OCT'13 = 78.84, JAN'14 = 81.82
Characteristics of Successful Collaborative

• Data, data, data
• Test, test, test
• Start small, but be fast...
• Reserve judgment
• Sharing of data
• Let go of what’s NOT working, do more of what IS working
• Be inclusive
• Have FUN!!
11\textsuperscript{th} SOW

Spread (5,021) $> 11,000$

and

Sustain!
11th Statement of Work

• Spread: 5,021 CCN homes to 11,600 homes
  – 75% of total CCN homes in state
  – 75% of low-performing homes: 1-Star homes
  – Peer-coaches (high-performers) to support recruitment and engagement
  – Engage beneficiaries/ family members/ representatives in QI activities
Rapidly improve systems impacting quality of care and resident life:

- Staffing – consistent assignment
- Operations
- Communication
- Leadership
- Compliance
- Quality of life indicators
- Clinical outcomes (targeted focus on AP, mobility)
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• Improve resident satisfaction

• Achieve a score of 6.00 or lower for 50% of RTN July 31, 2014.
Create a Culture of Resident Safety

• Engaged in a marathon, *not a sprint*!
• Provide technical assistance that supports adoption of QI methodology
• Support creation of diverse, multi-disciplinary teams in nursing homes that continually examine internal data identifying current and potential areas of QI focus
• Work with homes across the 5-star system!
Set Staff/Facility up for Success

Goals, Measurement, Person-centered, Accountability, Resident-focused, Quality-Improvement, Monitoring, Creative
The composite quality measure is comprised of 13 NQF-endorsed, long-stay quality measures:

1. % of residents with one or more falls with major injury
2. % of residents with a UTI
3. % of residents who self-report moderate to severe pain
4. % of high-risk residents with pressure ulcer
5. % of low-risk residents with loss of bowels or bladder
6. % of residents with catheter inserted or left in bladder
7. % of residents physically restrained
8. % of residents whose need for help with ADL has increased
9. % of residents who lose too much weight
10. % of residents who have depressive symptoms
11. % of residents who received antipsychotic medications
12. % of residents assessed and appropriately given flu vaccine**
13. % of residents assessed and appropriately given pne vaccine**

**We reversed the direction of the two vaccination measures because they are directionally opposite of the other measures. We did this by subtracting the numerator from the denominator to obtain a “new” numerator. By keeping all measure directions consistent, we are able to interpret the composite score as: the lower, the better.
Reducing Adverse Events: Systems Level

Quality Measure Composite Score

• Another way to look at quality/reduce adverse events from a systems perspective

• Contains information on Falls with major injuries, pressure ulcers, use of Antipsychotic Medication, and unaddressed severe pain, which maybe an indicator of an adverse event
• Continue to collaborate with SCG on responding to OIG Report
• Consider altering the existing QM Composite Score or creating a new composite score in line with SCG/AHRQ identification of a specific adverse event list
• In keeping with QIO publication requirements, 11th SOW adverse event outcomes will be provided on external-facing websites
11th SOW: Reducing Adverse Events

Thank you!
Questions & Group Discussion

Please enter your question in the “Chat” box on the webinar screen or click “Raise your Hand”
Next Steps

- Organizations willing to present during future teleconferences
- Potential topics for future teleconferences
- Additional stakeholders to invite to teleconferences
- Schedule for future teleconference meetings:
  - April 2015
  - July 2015
  - October 2015
Thank you

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