





Health Quality Innovation Network

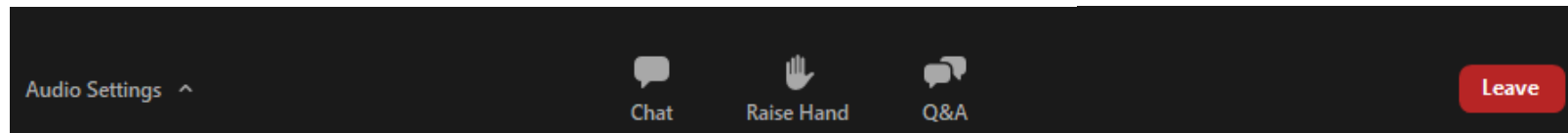
# Meeting the Challenge of Sepsis in Long Term Care: Reducing Sepsis Readmissions with QAPI

June 30, 2022

# Health Quality Innovation Network



# Logistics – Zoom Webinar



To ask a question, click on the **Q&A** icon.

**Raise your hand** if you want to verbally ask a question.

Resources from today's session will be posted in **Chat**.

You may adjust your audio by clicking **Audio Settings**.

You have been automatically muted with video turned off.

# Your Team



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Quality Improvement  
Advisor



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Nursing Home Administrator,  
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# Sepsis Sprint Series

The Sepsis Sprint Series was designed to provide attendees with infection and sepsis prevention tools and resources that can assist with recognition, communication and treatment of sepsis.



The weekly sessions deliver practical, feasible and effective sepsis prevention strategies designed to reduce **unplanned hospital and ED visits**.

# Sepsis Details

- Sepsis is a leading cause for hospital readmissions.
  - 1 in 5 patients is readmitted within 30 days of hospital sepsis discharge.
- Readmission patients have had a longer hospital stay.
- Costs for sepsis readmissions is higher than other diagnoses.



# Nursing Home Sepsis Readmission and ED Visits

Data Source: Medicare FFS Part A Claims, Timeframe: Dec20 - Nov21

Figure 1. Percentage of inpatient admissions with principal DX of sepsis discharged to NH **readmitting** within 30 days

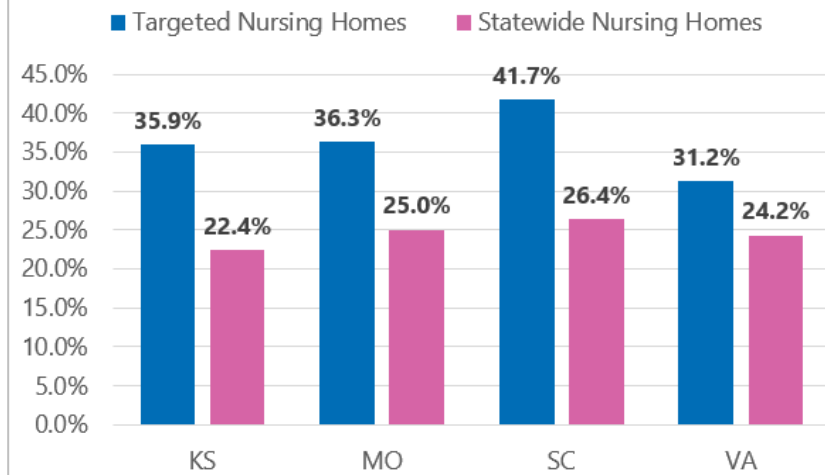
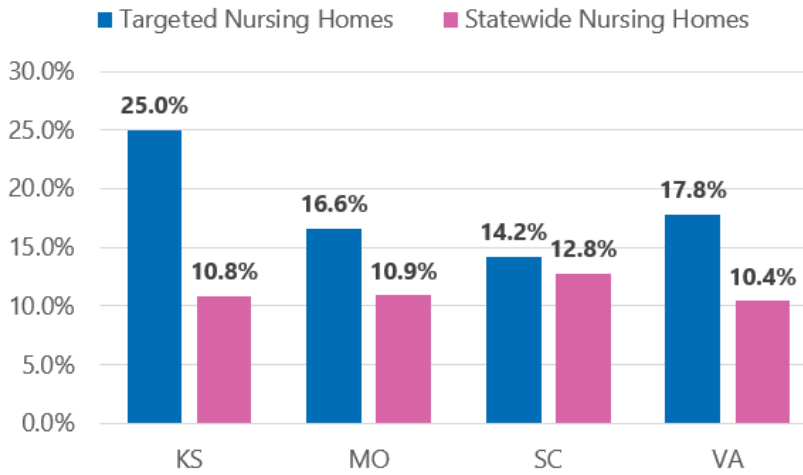


Figure 2. Percentage of inpatient admissions with principal DX of sepsis discharged to NH returning to hospital for an **ED visit** within 30 days





# Learning Objectives

In today's session, we will:

- Describe QAPI elements
- Describe gap analysis
- Review a case example to conduct a readmission/sepsis performance improvement project (PIP)



# 483.75: Quality Assurance Performance Improvement



# Quality Assurance (QA) and Performance Improvement (PI) Combined to Form QAPI

| Quality Assurance (QA)                          | Performance Improvement (PI)  |
|---|---|
| Process of meeting quality standards            | Proactive and continuous study of processes                                     |
| Reactive, retrospective                         | Identifying areas of opportunity  |
| Efforts frequently end once the standard is met | Testing new approaches to fix underlying causes of persistent/systemic problems |

# 5 Elements of QAPI

| QAPI Elements                             | Definitions  |
|---|--|
| Design & Scope                            | Establish on-going comprehensive QAPI program dealing with full range of services          |
| Governance & Leadership                   | Develop a culture that seeks input from the facility staff, residents and families         |
| Feedback, Data Systems & Monitoring       | Implement systems to monitor care and services, utilizing data from multiple sources       |
| PIPs – Performance Improvement Projects   | Conduct PIPs to evaluate and improve care and services                                     |
| Systematic Analysis and Systematic Action | Develop policies/procedures and demonstrate proficiency in using root cause analysis (RCA) |

# Sepsis and QAPI

## Design & Scope

## Governance & Leadership

- Dedicate necessary human, financial and other resources
- Appoint a team responsible for program outcomes
- Provide ongoing education
  - Annual sepsis competencies for nursing and direct care staff



# Sepsis and QAPI

## Feedback, Data Systems & Monitoring

- Conduct audit reviews for residents who return to the hospital with a diagnosis of sepsis
- Track and trend return to acute with sepsis diagnosis
- Report information regularly on readmissions to doctors, nurses and relevant staff

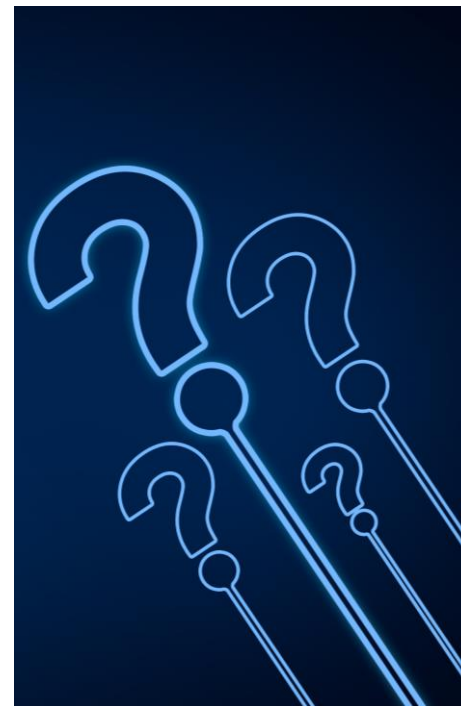


# Polling Question

Have you completed a PIP on residents admitted with sepsis related to readmissions to the ED or hospital?

A. Yes

B. No



# QAPI F-483: Identifying and Correcting Problems

Facilities are required to:

- Collect data from various sources related to high risk, high volume and problem-prone issues
- Analyze the data collected to identify performance indicators signaling deviation from expected performance
- Study the issue to determine underlying causes and contributing factors
- Monitor data related to the issue to determine if they are sustaining corrections, or if revisions are necessary





# Readmission/Sepsis Performance Improvement Project (PIP)



# QAPI Sepsis Readmission Example Case Study

## **The Issue:**

Golden Nursing Center identified that over 20% of their residents were being transferred back to the hospital due to sepsis.

## **The Intervention:**

Selected a team to conduct a performance improvement project (PIP)

- Conducted gap analysis
- Conducted chart audits for all unplanned transfers back to acute
- Used root cause analysis (RCA) to determine causal factors
- Used Plan-Do-Study-Act (PDSA Model)

# Polling Question

What percentage of front-line staff is represented on your PIP teams?

- A. 0 to 25%
- B. 26 to 50%
- C. 51 to 75%
- D. 75 to 100%



# Tips on Selecting the Team

Appoint a team responsible for program outcomes, members would include:

- Pharmacy staff
- Dietary staff
- Medical providers
- Interdisciplinary staff members



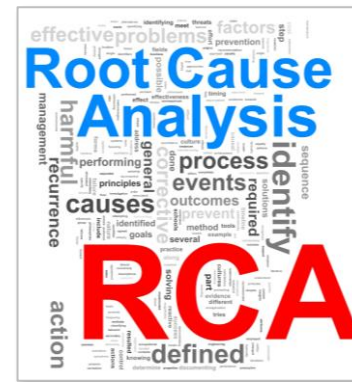
***If possible, include staff that will be using the program or intervention.***

# RCA to Determine Causal Factors

*Consider both knowledge and process gaps*

## For example:

- If **process** is an issue, consider what kind of **tools are needed to guide nursing** and other staff that provide care
  - Consider any workflow challenges that may impact the implementation.
  - Consider what type of information needs to be provided to new and current nursing staff.
  - Question if they know the correction action or procedure and if they know how to perform it or who was supposed to perform it.



# Gap Analysis



# Gap Analysis Definition

A gap analysis is an **examination** and **assessment** of your performance for the purpose of identifying the differences between your current system or process and where you'd like to be.



# Nursing Home Sepsis Gap Analysis

- Focus on operation processes and systems
- Pre-admission
- Admission transfer from hospital with sepsis diagnosis

| Early Identification of Sepsis & Infection Risk   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 11. Does your admission nursing assessment include an infection and sepsis risk assessment?                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you audit the admission nursing assessment to ensure it is completed?                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          |                          |                          |
| <b>Element</b>  | <b>Yes</b>               | <b>No</b>                | <b>N/A</b>               | <b>Unsure</b>            |
| 13. If infection/sepsis risk is triggered on assessment, do you care plan the level of infection/sepsis risk? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

[The Nursing Home Sepsis Gap Analysis is available for download on hqin.org](http://hqin.org)



# Nursing Home Sepsis Gap Analysis

- Focus on improving staff knowledge
- Create a pathway to strengthen sepsis readmission programs

| Leadership Support  |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Do you have a sepsis program? If yes, please describe in comments  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does your sepsis program have leadership support, i.e. administrator, medical director, medical staff, clinical staff? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is your medical staff actively involved in sepsis prevention?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Education  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 7. Do you have a sepsis early recognition training program?          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If No, do you need assistance setting up a training program?      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does nursing staff have an annual competency for sepsis?          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you utilize skills days for nursing assistant sepsis training? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

[The Nursing Home Sepsis Gap Analysis is available for download on hqin.org](http://hqin.org)

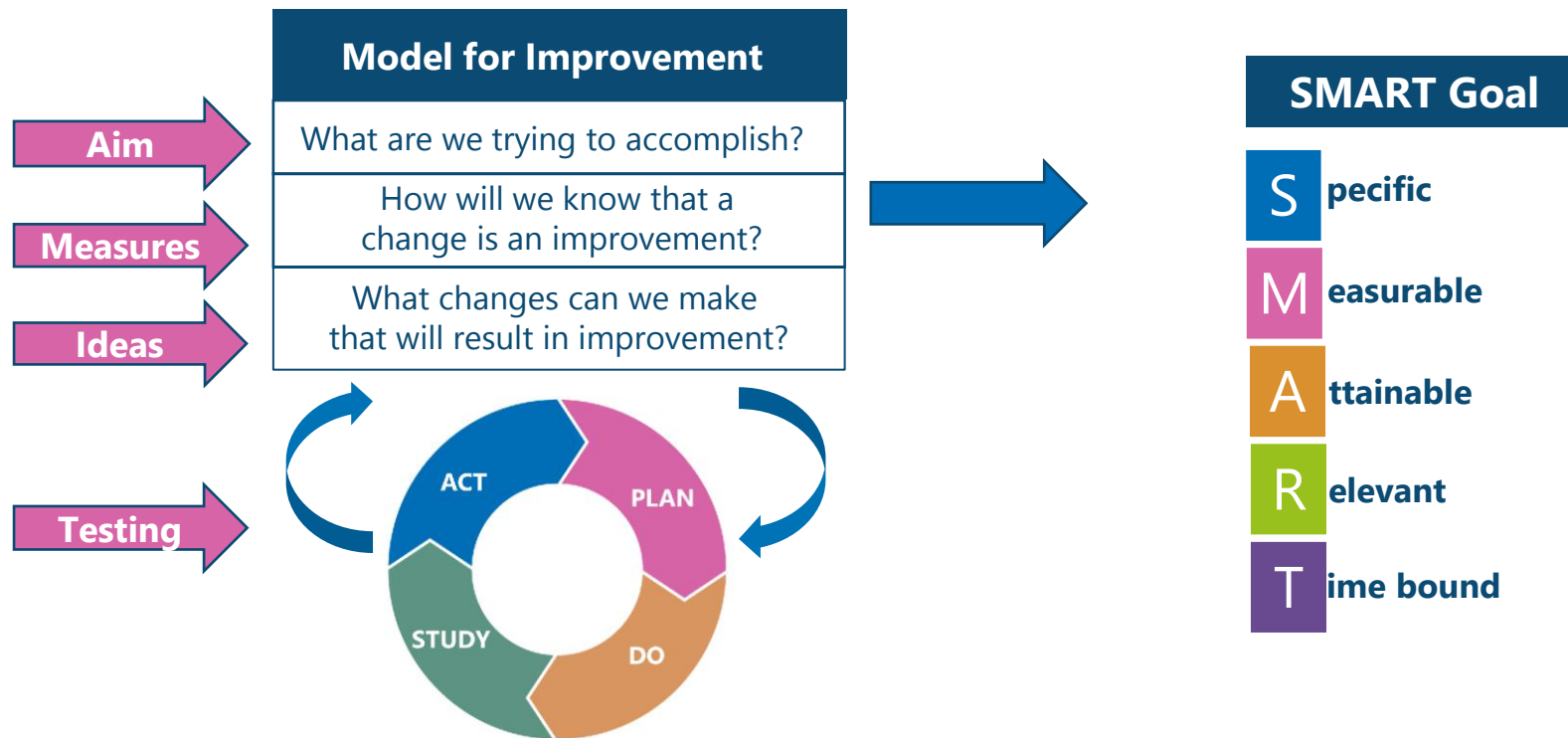
# Systematic Analysis and Systematic Action

## Look at the Data

- Complete a review of medical records for 8-10 residents who were transferred to the emergency department or admitted to the hospital with a previous sepsis diagnosis
- Study nursing assessment notes/documentation
- Review lab work and hospital notes
  - Note any diagnostic reasons or other data of interest (e.g., staff involved, medical director, time of day, unit, staffing pattern, etc.)
- Review missed opportunities for early treatment



# Performance Improvement Project (PIP)



# What are We Trying to Accomplish?

Through the gap analysis and chart audits, the team identified two areas of improvement opportunity:

- Implement a sepsis risk assessment screening process upon admission
- Educate staff on screening and management processes



# How Will You Know a Change is an Improvement?

**Track and trend two process measures during a PDSA cycle of four weeks**

Test Population: New Admissions

- Number of residents screened for sepsis using recommended sepsis screening tool
- Number of residents screened correctly for sepsis using recommended sepsis screening tool

# Sepsis Risk Assessment Evaluation Tool

## SEPSIS RISK ASSESSMENT EVALUATION TOOL – HEALTH QUALITY INNOVATION NETWORK



Use this tool to evaluate your admission nursing assessment to ensure you are capturing all the critical elements that indicate a potential risk for infection/sepsis. The best way to prevent sepsis is to prevent infection and intervene early if infection does exist. You can also use this as a stand-alone screening tool; if an element is present, check the category and circle sub-headings as they apply. It can be used to identify new admissions for high-risk rounding (see instructions on last page).

|   | Element contained in Admission Assessment? | Element reflected in Care Plan? | Is follow up required for this element? | Your notes |
|---|--|---------------------------------|---|------------|
| Sepsis during hospital stay preceding this admission  |  |                                 |   |            |
| History of sepsis   |  |                                 |   |            |
| Renal concerns <ul style="list-style-type: none"><li>• Chronic renal failure</li><li>• History of stones</li><li>• Recent UTI</li><li>• Foley catheter during preceding hospital stay</li><li>• History of BPH or urinary retention</li><li>• Dialysis</li></ul>                                      |  |                                 |   |            |
| Respiratory <ul style="list-style-type: none"><li>• Current or recent upper respiratory infection</li><li>• History of pneumonia during preceding hospital stay</li><li>• Current or recent episode of flu</li><li>• Trach or intubated</li><li>• Chronic- COPD, asthma</li></ul>                     |  |                                 |   |            |
| Gastrointestinal <ul style="list-style-type: none"><li>• CDI infection- current or during recent hospital stay</li><li>• Recent GI surgery or procedure</li><li>• Chronic Inflammatory bowel disease</li><li>• Any history of diarrhea/vomiting or gastroenteritis within the past 48 hours</li></ul> |  |                                 |   |            |

Page 1

[The Sepsis Risk Assessment Evaluation Tool is available for download on hqin.org](https://hqin.org)

# How Will You Know that a Change is an Improvement?

## Example: Sepsis Screening Audit Tool

| Measure Name   | Metric   | Measure Steward  | Data Source | Baseline Performance Level (Include numerator/ denominator)  | Week 1    |             |             |
|--|--|--|-------------|--|-----------|-------------|-------------|
|  |  |  |             |  | Numerator | Denominator | Percent (%) |
| Identify residents screened for sepsis using recommended sepsis screening tool           | Number of residents screened for sepsis using recommended sepsis screening tool  | Admins/<br>DON/RN<br>supervisors/<br>education/<br>IPs | NF/<br>LTC  | Numerator: # of res. screened for sepsis using rec. sepsis screening tool<br><br>Denominator: Total # of res. in facility (Collect data using daily census one day of every week)  |           |             |             |
| Identify residents screened correctly for sepsis using recommended sepsis screening tool | Number of residents screened correctly for sepsis using recommended sepsis screening tool (10% sample for one day each week) | Admins/<br>DON/RN<br>supervisors/<br>education/<br>IPs | NF/<br>LTC  | Numerator: # of res. screened correctly for sepsis using rec. sepsis screening tool<br><br>Denominator: # of res. in a 10% sample on one day per week (Collect data using daily census one day of every week using a 10% sample of the screened population for that day) |           |             |             |

# How Will You Know that a Change is an Improvement?

## **PLAN: Identifying and analyzing the problem**

Implement sepsis risk assessment screening  
audit process

## **DO: Developing and testing a potential solution**

Implement as a pilot or test group

**STUDY:** Did we hit our goal? What did we learn? What do we need to do differently?

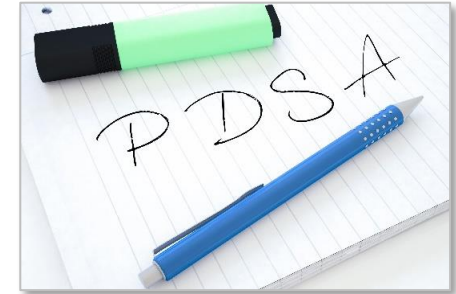
**ACT:** Can we spread outside of our test group?





# Why Test Changes?

- To instill the belief that change can result in improvement
- To decide which of several proposed changes will lead to the desired improvement
- To evaluate how much improvement can be expected from the change
- To evaluate costs, social impact and side effects (unintended consequences from a proposed change)
- To minimize resistance upon implementation

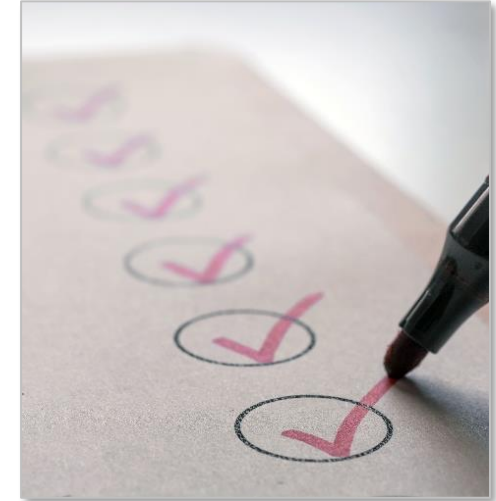


# Components of a Successful, Sustainable Sepsis Program



# Organizational Strategies

- Strong infection control policies and practices
- Support from the top
- Support from the front line
- Easy-to-use tools and resources
- Include residents and families
- Facility-wide education and training – ongoing
- Engaged medical director and practitioners



# Ongoing Facility-Wide Education and Training

Sepsis awareness, prevention and detection training

- Include in new employee orientation
- Annual competency for all caregivers
- Resident and family brochure at team meetings
- Annual refresher (Seeing Sepsis 100/100/100) and/or Stop and Watch at staff meetings – include all staff throughout facility
- Posters on nursing units



# Tools and Resources to Have in Your Sepsis Readmission Toolbox

# Sepsis Risk Assessment Evaluation Tool

## SEPSIS RISK ASSESSMENT EVALUATION TOOL – HEALTH QUALITY INNOVATION NETWORK



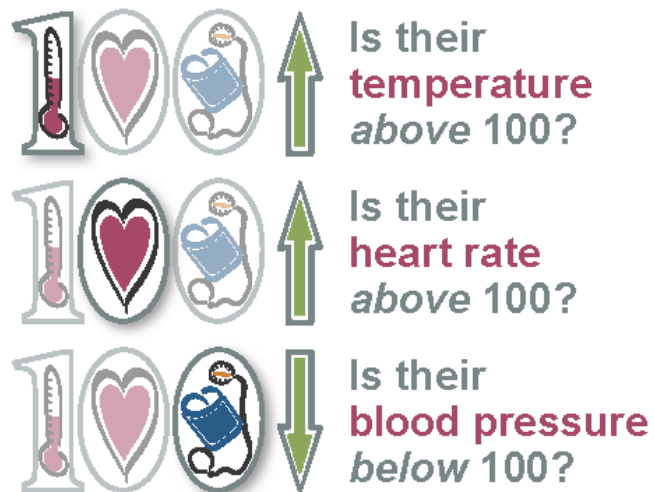
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| <b>Gastrointestinal</b> <ul style="list-style-type: none"> <li>• CDI infection- current or during recent hospital stay</li> <li>• Recent GI surgery or procedure</li> <li>• Chronic inflammatory bowel disease</li> <li>• Any history of diarrhea/vomiting or gastroenteritis within the past <u>48 hours</u></li> </ul>  |  |                                 |   |            |

Page 1

The Sepsis Risk Assessment Evaluation Tool is available for download on [hqin.org](http://hqin.org)

# Put a POCKET Guide in Your Pocket

## Seeing Sepsis 100 Pocket Cards



Is their  
**temperature**  
*above 100?*

Is their  
**heart rate**  
*above 100?*

Is their  
**blood pressure**  
*below 100?*

And does  
the resident  
just not look  
right? Tell  
the nurse,  
**screen for  
sepsis** and  
notify the  
physician  
immediately.

[Seeing Sepsis Cards for  
Long-Term Care are available  
for download at hqin.org](http://hqin.org)

# Seeing Sepsis 100: ACT FAST! Poster

## ACT FAST!

Early detection of SEPSIS requires fast action

If resident has suspected infection AND two or more:

- Temperature >100°F or <96.8°F
- Pulse >100
- SBP <100 mmHg or >40 mmHg from baseline
- Respiratory rate >20/SpO<sub>2</sub> <90%
- Altered mental status

Plan for:

- Review advance directive
- Contact the physician
- Contact the family

If transferring resident to hospital:

- Prepare transfer sheet
- Call ambulance
- Call in report to hospital
- Report positive sepsis screen

If resident stays in facility, consider options below that are in agreement with resident's advance directives:

- Labs: CBC w/diff, lactate level (if able)
- UA/UC, blood cultures, as able from 2 sites, not from lines
- Establish IV access for IV 0.9% @ 30ml/kg
- Administer IV, PO or IM antibiotics
- Monitor for worsening in spite of treatment, such as:
  - Urine output <400ml in 24 hours
  - SBP <90 despite IV fluids
  - Altered mental status
- Comfort care:
  - Pain control
  - Analgesic for fever
  - Reposition every 2-3 hrs
  - Oral care every 2 hrs
  - Offer fluids every 2 hrs
  - Keep family informed
  - Adjust care plan as needed
- Consider transferring to another level of care such as palliative care, hospice or hospital

**Every hour a resident in septic shock doesn't receive antibiotics, the risk of death increases 7.6%**

**Call the doctor!**

Is their **temperature** above 100?

Is their **heart rate** above 100?

Is their **blood pressure** below 100?

And does the resident just not look right? Tell the nurse, **screen for sepsis** and notify the physician immediately.

Act Fast! Early detection of sepsis requires fast action is available for download on [hqin.org](http://hqin.org)



# INTERACT Tools

## **Stop and Watch Early Warning Tool**



If you have identified a change while caring for or observing a resident/patient, please **circle** the change and notify a nurse. Either give the nurse a copy of this tool or review it with her/him as soon as you can.

|  |  |
|--|--|
| <b>S<br/>T<br/>O<br/>P<br/><br/>a<br/>n<br/>d<br/><br/>W<br/>A<br/>T<br/>C<br/>H</b> | Seems different than usual                                 |
|  | Talks or communicates less                                 |
|  | Overall needs more help                                    |
|  | Pain – new or worsening; Participated less in activities   |
|  | Ate less   |
|  | No bowel movement in 3 days; or diarrhea                   |
|  | Drank less   |
|  | Weight change; swollen legs or feet                        |
|  | Agitated or nervous more than usual                        |
|  | Tired, weak, confused, or drowsy                           |
|  | Change in skin color or condition                          |
|  | Help with walking, transferring, toileting more than usual |

☐ Check here if no change noted while monitoring high risk patient

Patient / Resident

Your Name

Reported to

Date and Time (am/pm)

Nurse Response

Date and Time (am/pm)

Nurse's Name

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Updated June 2016

## Empower nursing assistants!

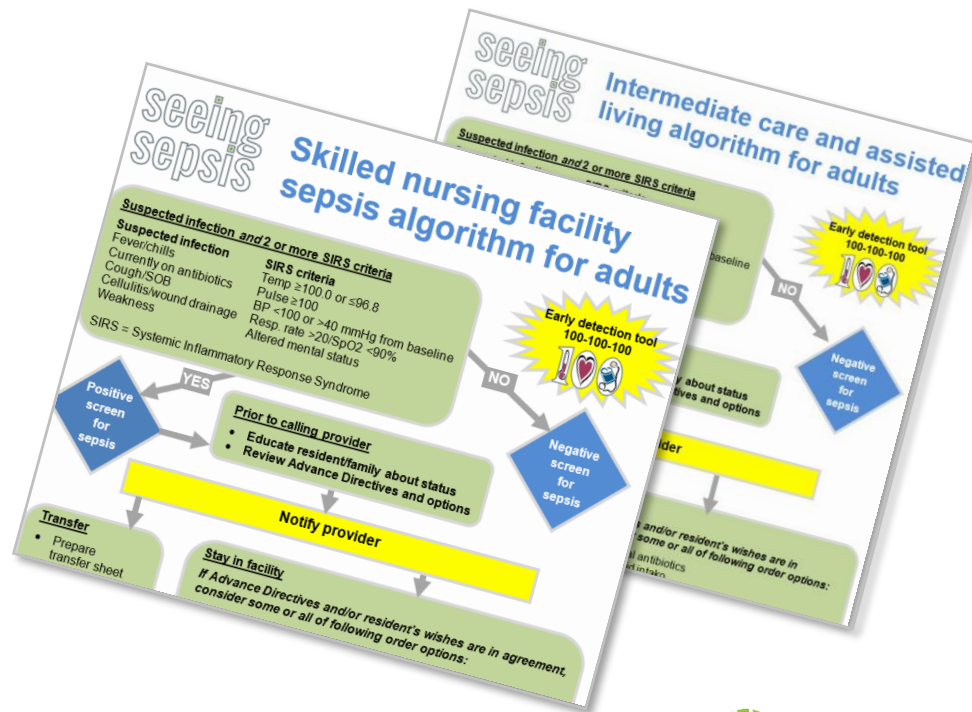
The Stop and Watch Early Warning tool, available for download, can benefit sepsis recognition and care in both the hospital and nursing home settings

# Use an Algorithm for Decision-Making

## Separate Algorithms for SNF & ALF

The Seeing Sepsis Toolkit includes an assessment and care algorithm to guide the nurse

Post the algorithm in the nurses' charting area or embed in your EHR for easy reference



Skilled nursing facility sepsis algorithm for adults ([hqin.org](http://hqin.org))

Seeing Sepsis algorithm for intermediate care and assisted living ([mnhospitals.org](http://mnhospitals.org))

# There's an SBAR for Possible Sepsis

**SBAR Communication for Possible Sepsis**

**SITUATION**

My name is: \_\_\_\_\_  
 I'm calling from (facility): \_\_\_\_\_  
 Name of Physician/Prescriber contacted: \_\_\_\_\_  
 I need to speak with you about resident (name): \_\_\_\_\_  
 Resident Age: \_\_\_\_\_

**BACKGROUND**

The resident was admitted on \_\_\_\_\_ (date) with the diagnosis of: \_\_\_\_\_  
 The resident also has the following co-morbid conditions/diagnoses: \_\_\_\_\_  
 The resident is now showing these signs of possible infection: \_\_\_\_\_  
 (describe the signs and potential source of infection)  
 This started on \_\_\_\_\_ (date)  
 The resident is currently on, or recently completed PO or IV Antibiotics:  
 • Antibiotic Name, Dose, Route: \_\_\_\_\_  
 • Antibiotic Name, Dose, Route: \_\_\_\_\_  
 The resident is allergic to: \_\_\_\_\_  
 The resident's advance care directive is \_\_\_\_\_

**ASSESSMENT (describe key findings)**

My assessment of the situation is that the resident may be experiencing a new or worsening infection. Here are my findings.

| Vital Signs                         |                          |                     |
|-------------------------------------|--------------------------|---------------------|
| Temp: _____                         | Heart Rate: _____        | BP: _____           |
| Respiratory Rate: _____             | SpO2 % (Pulse Ox): _____ |                     |
| Current Weight: _____               |                          |                     |
| Other Factors                       |                          |                     |
| Blood Sugar: _____                  | Foley (Y/N): _____       | Last BM Date: _____ |
| Current Labs/Recent Cultures: _____ |                          |                     |

Mental status is (changed OR unchanged) from baseline: \_\_\_\_\_  
 Possible sources of infection: \_\_\_\_\_  
 (e.g., lung sounds, wound assessment, urine characteristics, other)

**RECOMMENDATION**

I am concerned that this resident may have sepsis.  
 Would you like to order any labs, IV fluids or treatments? \_\_\_\_\_  
 How often should vital signs be performed? \_\_\_\_\_  
 What vital signs parameters would initiate an immediate notification to you? \_\_\_\_\_  
 If no improvement, when would you want us to call you again? \_\_\_\_\_  
 Additional Orders received: \_\_\_\_\_

This material was prepared for Health Quality Innovators (HQI), a Quality Improvement Network Quality Improvement Organization (QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS.

**Before Calling the Prescriber**

*Evaluate the resident and complete this form.*

- ✓ Check vital signs; be alert for early sepsis warning signs.
- ✓ Review the resident record: recent hospitalizations, lab values, medications and progress notes.
- ✓ Note any allergies.
- ✓ Be aware of the resident's advance care wishes.

**Sepsis Early Warning Signs**

Temperature  $\geq 100$  F or  $\leq 96.8$  F  
 Heart rate  $\geq 100$  bpm  
 Respiratory rate  $\geq 20$  bpm  
 White blood cell (WBC) count  $\geq 12,000$   $\mu\text{L}^{-1}$  or  $\leq 4,000$   $\mu\text{L}^{-1}$   
 Altered mental status  
 SpO2 (Pulse Ox)  $\leq 90\%$   
 Decreased urine output  
 From recently drawn labs (within 24 hours)  
 Creatinine  $> 2$  mg/dl Bilirubin  $> 2$  mg/dl  
 Platelet count  $\leq 100,000$   $\mu\text{L}$   
 Lactate  $\geq 2$  mmol/L  
 Coagulopathy INR  $\geq 1.5$  or aPTT  $> 60$  secs

- Printable or fillable form
- Sequenced information as it should be communicated to provider
- Prompts the nurse to ensure pertinent information is in one place before calling
- Completed forms can be shared with on-coming nurse/supervisor
- Can be included in resident's medical record

SBAR Communication for Possible Sepsis | HQIN

# Questions? Comments?



**Raise your hand** to verbally ask a question



**Type a question** by clicking the **Q&A** icon

*Don't hesitate to ask a question after the webinar is over.  
Email [LTC@hqi.solutions](mailto:LTC@hqi.solutions) or your HQIN Quality Improvement Advisor.*

**Next Session:**  
**Are we on the same page?**  
**Reduce Readmissions/ED Visits with**  
**Team Communication**

**Thursday, July 7**  
**11:00 a.m. CST | 12:00 p.m. EST**



# FOR MORE INFORMATION

Call 877.731.4746 or visit [www.hqin.org](http://www.hqin.org)

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From HQIN:

To all essential care giving teams  
supporting residents and families,

*Thank you for attending*