Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

Health Quality Innovation Network

Simple Strategies: Recognize and Respond

August 22, 2023

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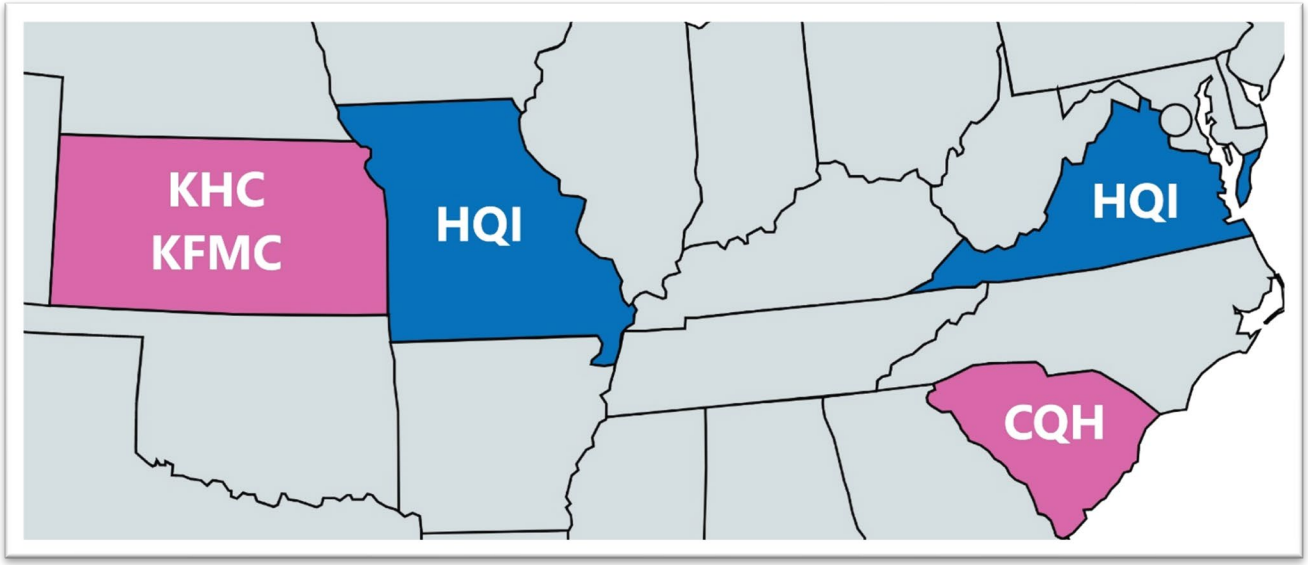

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Logistics – Zoom Webinar

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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Communications Specialist

Collaborative Kick-Off

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Why Are We Here?

- Improving care transitions between care settings and home is critical to improving individuals' quality of care and quality of life
- Effective care transitions:
  - Prevent medical errors
  - Identify issues for early intervention
  - Prevent unnecessary hospitalizations and readmissions
  - Support consumers' preferences and choices
  - Avoid duplication of processes and efforts to more effectively utilize resources

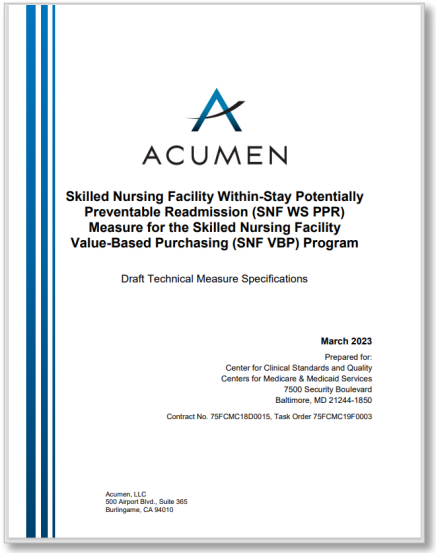
National Impact

- One in five Medicare beneficiaries discharged from the hospital receives post-acute care in a skilled nursing facility (SNF)
- **Nearly one-quarter** of those admitted to SNFs are readmitted to the hospital within 30 days
- Among these hospital readmissions, MedPAC has estimated that 76% were considered potentially avoidable

Readmission is associated with a quadrupled mortality rate within 6 months

SNF Readmission Measure

- For the FY 2024 program year, the SNF VBP Program will award incentive payments to SNFs based on their performance on the SNF 30-Day All-Cause Readmission Measure
- The SNFRM measures the rate of all-cause, unplanned hospital readmissions for SNF residents within 30 days of discharge from a prior hospital stay
- Each SNF receives a SNFRM result for a baseline period and a performance period



ACUMEN

Skilled Nursing Facility Within-Stay Potentially Preventable Readmission (SNF WS PPR) Measure for the Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

Draft Technical Measure Specifications

March 2023

Prepared for:
Center for Clinical Standards and Quality
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Contract No. 75FCMC18D0015, Task Order 75FCMC19F0003

Acumen, LLC
500 Airport Blvd., Suite 365
Burlingame, CA 94010

[Skilled Nursing Facility Within-Stay Potentially Preventable Readmission (SNF WS PPR) Measure for the Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program | CMS]

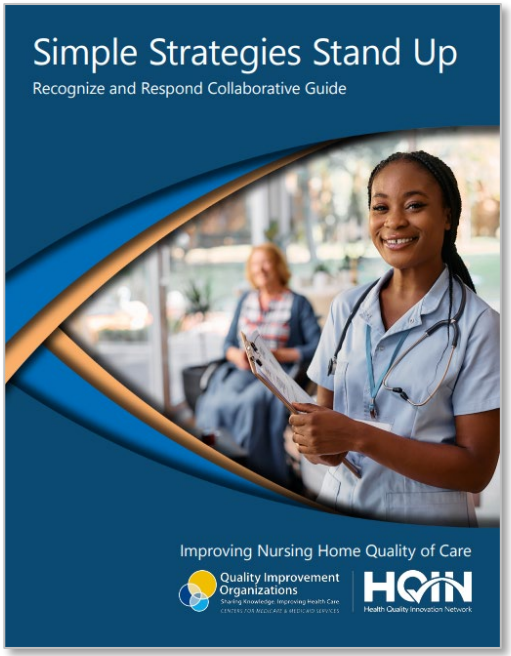
SNF Claims-Based Measures

Measure	Quality Reporting Program	Value-Based Purchasing	Five Star	Publicly Reported on Care Compare	Reported on CASPER Report
% of SS residents who have had an OP ED visit			✓	✓	
% of SS residents who were re-hospitalized after a NH admission			✓	✓	
# hospitalizations per 1,000 LS resident days			✓	✓	
# of OP ED visits per 1,000 LS resident days			✓	✓	
Potentially preventable 30-day post-discharge readmission	✓			✓	✓
SNF healthcare-associated infections requiring hospitalization	✓	✓ *		✓	
Skilled NF 30-day all-cause readmission measure	✓	✓		✓	✓

**This measure will begin in the FY2026 program year*

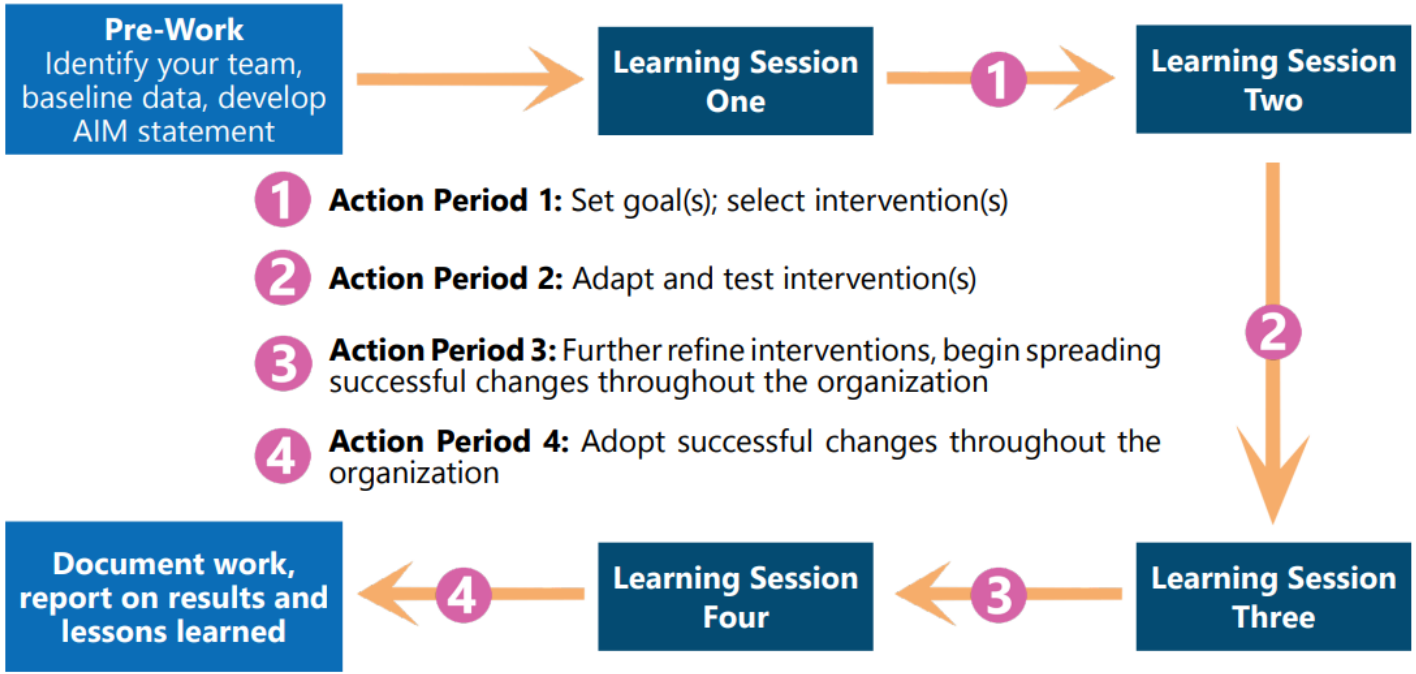
Collaborative Guide

The **Recognize and Respond Collaborative Guide** provides a framework to prepare each team for a successful improvement journey



[Recognize and Respond Collaborative Guide | HQIN]

Collaborative Structure



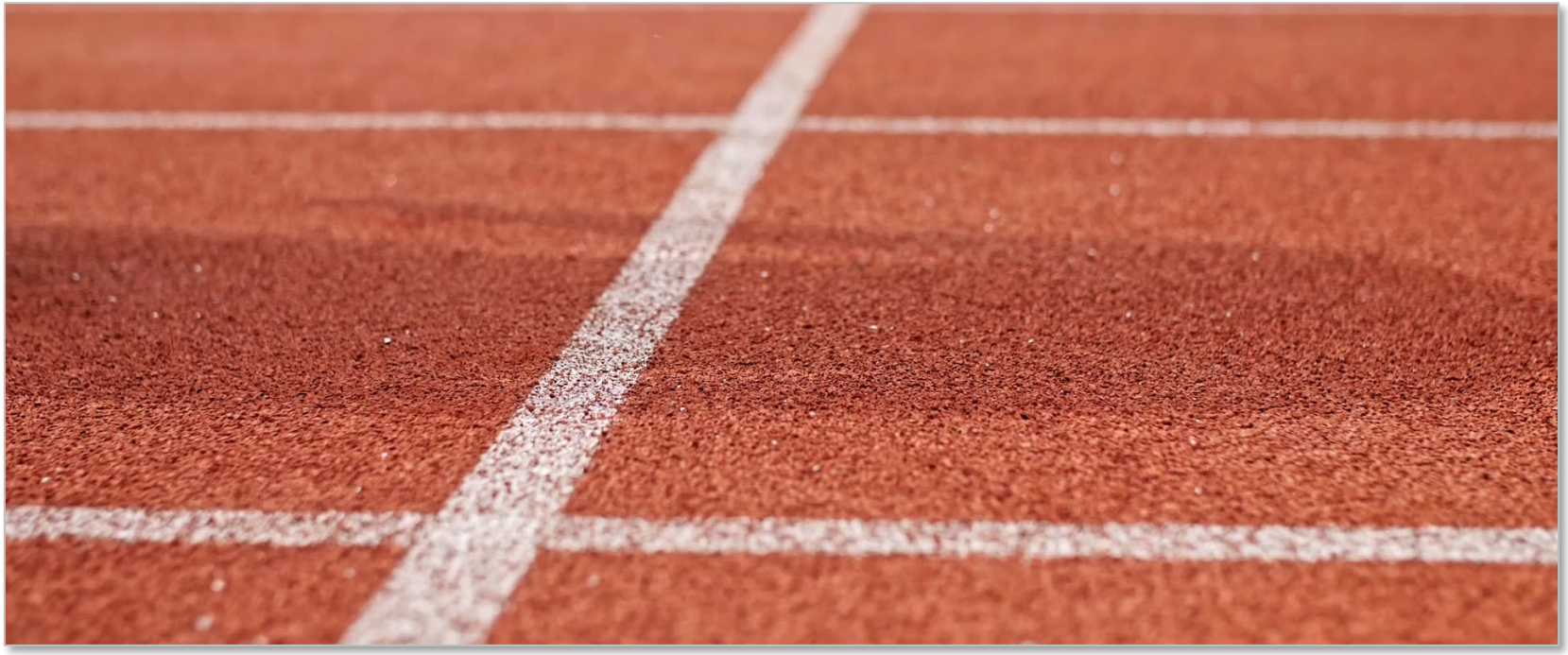
Your Participation

- Perform pre-work activities
  - Identify your improvement team leaders and members
  - Complete the self-assessment
  - Identify your focus area
  - Identify the performance measures that the team will target, including the data that will be used to measure improvement
  - Collect baseline data
- Implement PDSA cycles to meet the targeted performance measures
- Participate and interact during learning sessions by sharing interventions, successes and challenges

Recognize and Respond Collaborative Learning Sessions

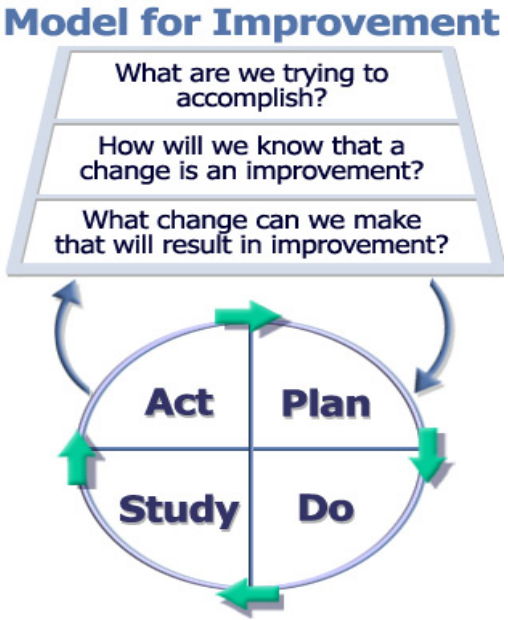
- **Learning Session 1** - September 12, 2023
  Advance Care Planning/Resident and Family Engagement
- **Learning Session 2** - September 26, 2023
  Communication Strategies
- **Learning Session 3** - October 10, 2023
  INTERACT® Care Paths
- **Learning Session 4** - October 24, 2023
  INTERACT® QI Tools
- **Collaborative Outcomes** - November 14, 2023
  Pulling it all Together and Sustainability

Quality Improvement in Action



IHI Model for Improvement

- Team formation
- Aim and goal statements
- Establish measures
- Select the change
- Trial and test the change
- Adapt and retest or spread change concepts to larger population



Step 1: Identify the Event to be Investigated and Gather Preliminary Information

Events and issues can come from many sources (e.g., incident report, risk management referral, resident or family concern, health department citation). The facility should have a process for selecting events that will undergo an RCA.

Step 2: Charter and Select a Team Facilitator and Team Members

- Leadership should provide a project charter to launch the team
- The facilitator is appointed by leadership
- Team members are people with personal knowledge of the processes and systems involved in the event to be investigated

QAPI Worksheet to Create a Performance Improvement Project Charter | CMS

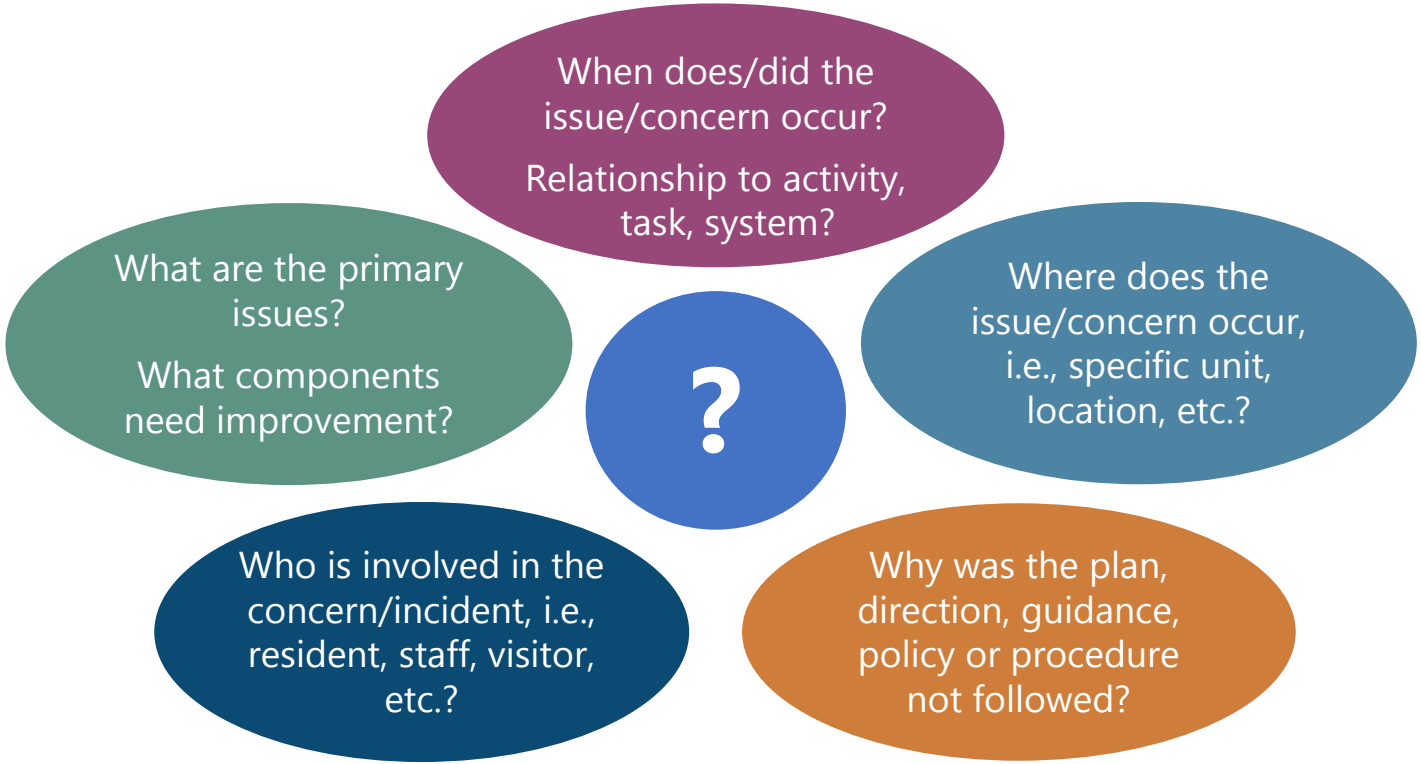
Polling Question

Have you already established a team and identified your focus area?

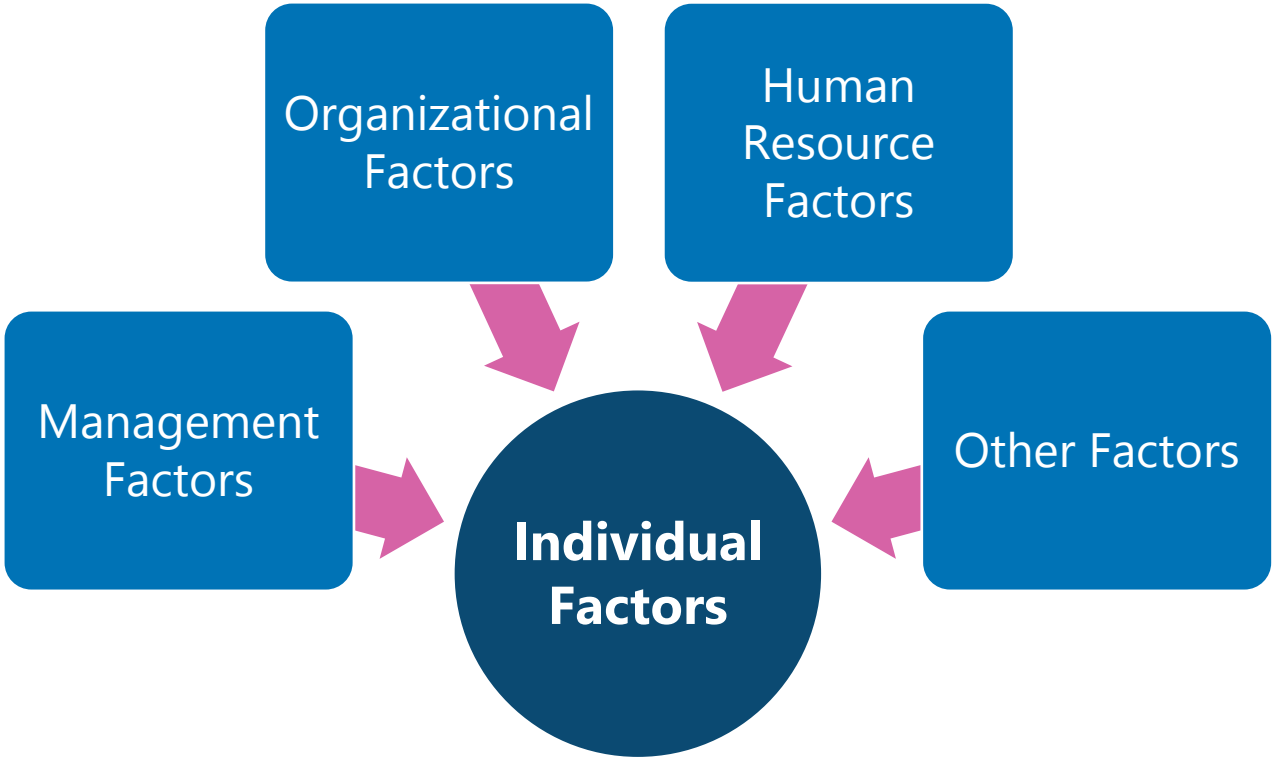
A. Yes

B. No

Step 3: Describe What Happened



Step 4: Identifying Contributing Factors

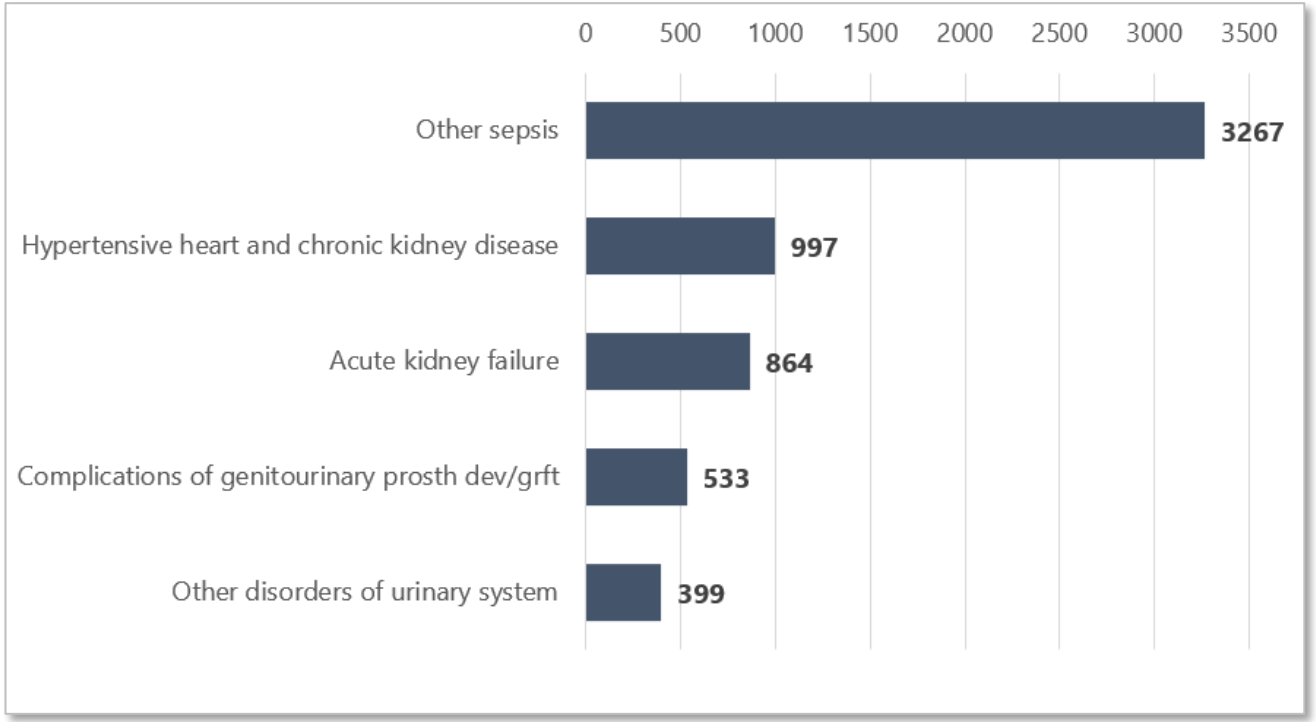


Polling Question

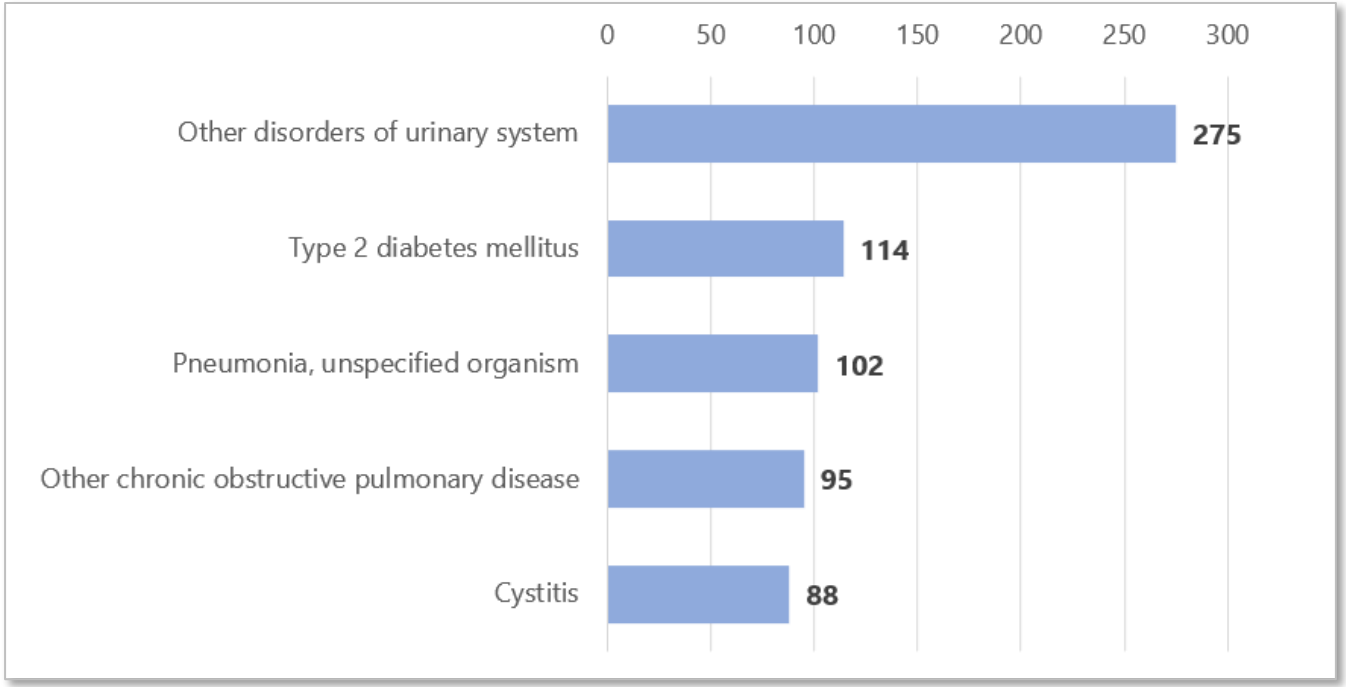
Do you know the main causal factors driving readmissions and/or preventable ED visits for your residents?

A. Yes, we have completed our RCA and implemented a PIP
B. Yes, but we have not started a PIP yet
C. Not yet, but we are actively working to identify factors
D. No

HQIN-Recruited SNFs' Top Readmission Diagnoses

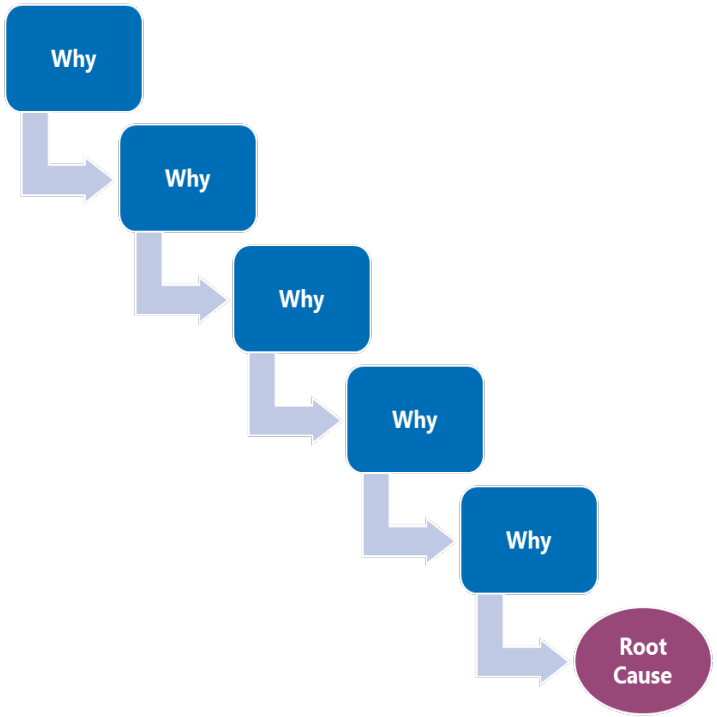


HQIN-Recruited SNFs' Top Preventable ED Visit within 30 Days Diagnoses



Step 5: Complete the RCA

- Root cause analysis is a structured team process that assists in identifying underlying factors or causes of an event, such as an adverse event or near miss
- Understanding the contributing factors or causes of a system failure can help develop actions that sustain corrections



When are the **Five Whys** Most Useful?

- When problems involve human factors or interactions – the very nature of long-term care
- Can also be helpful for environmental or systemic factors, i.e., faulty or improperly serviced equipment
- In day-to-day provision of care and services; can be used BEFORE an incident occurs

NOTE: In long-term care, we frequently investigate incidents that involve human AND environmental/systemic factors

Five Whys Worksheet | HQIN

When the **Five Whys** Doesn't Give Us An Answer

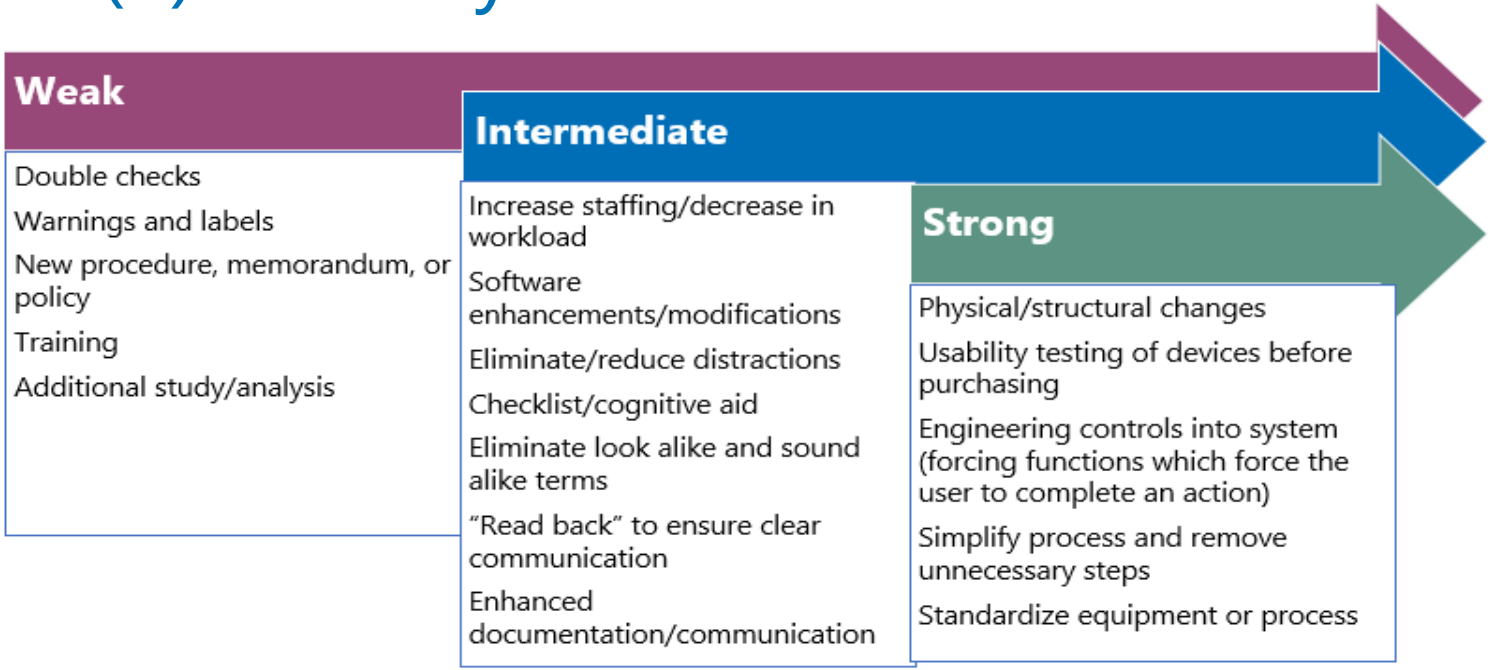
- **Fishbone** is a cause-and-effect diagram that identifies multiple possible causes that could have led to the identified problem
- **A flowchart** maps out all the steps of a process through different departments to identify where an error could have occurred
- **A Pareto chart** is based on the premise that 80% of effects are caused by 20% of causes – it involves prioritizing possible causes based on likelihood of causing the identified problem

Fishbone Diagram | HQIN

Step 6: Design and Implement Changes to Address the Root Causes

- The team determines how best to change processes and systems to reduce the likelihood of another similar event
- Choosing actions that are tightly related to the root cause and that lead to a system or process change will provide sustainability
- If systems don't exist, they may need to be developed
- If systems impede quality, they must be changed

RCA(2)-Take Systemic Action



Aim for corrective actions with a stronger or intermediate rating based on the categories of action above. Corrective actions that change the system and do not allow the errors to occur are the strongest.

Step 7: Measure the Success of Change

- Like all improvement projects, the success of improvement actions is evaluated
- The data will require systematic organization and interpretation in order to achieve meaningful reporting and action
- The team should set targets for performance in the areas you are monitoring
- You will need to develop a plan for data collection, review and analysis

Polling Question

Has your team collected facility readmission and/or ED visit data to establish a baseline for this performance improvement project, and established a baseline for readmissions or ED visits?

A. Yes, our team has collected and analyzed our facility data
B. Yes, our team is in the process of analyzing our facility data
C. No, our team has not collected or analyzed our facility data

Polling Question

What data does your team plan to use to monitor effectiveness of your improvement efforts?

A. Internal data source (customer satisfaction surveys, EHR reports, departmental audits and data tracking)
B. Provider reports (CASPER reports, SNF provider reports)
C. Other

Join Our Next Session

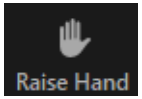
- We will discuss:
  - Advance care planning
  - Discharge planning
  - Resident and family engagement
- Session appropriate for SW, NSG, admissions
- Actionable steps to prepare for next session:
  - Complete pre-work
  - Review current admission and discharge processes
  - Review resident satisfaction survey results
  - Audit “frequent flyers” to assess for gaps in the discharge process that led to the return

September 12th

2:00 PM EST

Register Today

Questions? Comments? Share What is Working or What is Difficult for Your Team!



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** or your HQIN Quality Improvement Advisor.

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