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

HQIN
Health Quality Innovation Network

Celebrating Achievements in Long-Term Care

November 6, 2024

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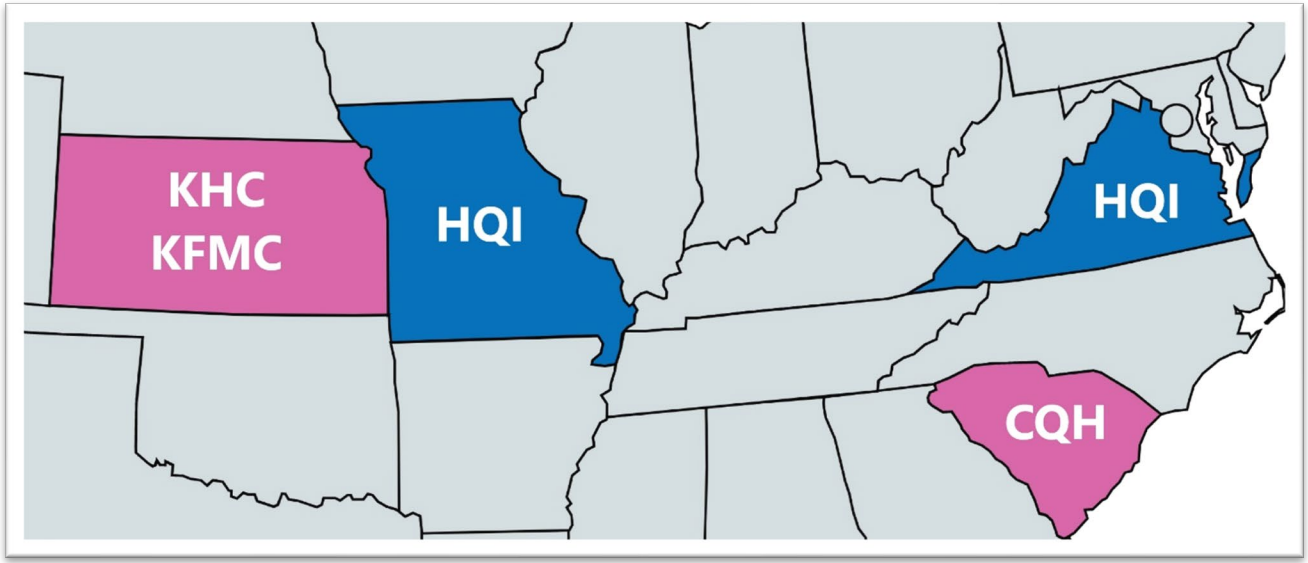
Health Quality Innovation Network



HQI
HEALTH QUALITY INNOVATORS

Constellation Quality Health

kfmc
HEALTH IMPROVEMENT PARTNERS

KHC
Kansas Healthcare
COLLABORATIVE

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.

Today's Presenters

Allison Spangler,
BSN, RN, RAC-CT,QCP
Consulting Manager

Jackie Elliott
BSN, RN, RAC-CT, RAC-CTA
Quality Improvement Advisor

Judy Carte
RN-BC, LNHA
Quality Improvement Advisor

Sibyl Goodwin,
BSN, RN, DNS-CT, QCP
Senior Quality Improvement Advisor

Agenda

1. **Overview of the Health Quality Innovation Network (HQIN) goals**
2. **How we met our goals**
3. **Celebrate Prepare, Prevent, Protect (3P) Top Performers**
4. **How to sustain your gains**

Polling Question

In what state is your nursing facility located?

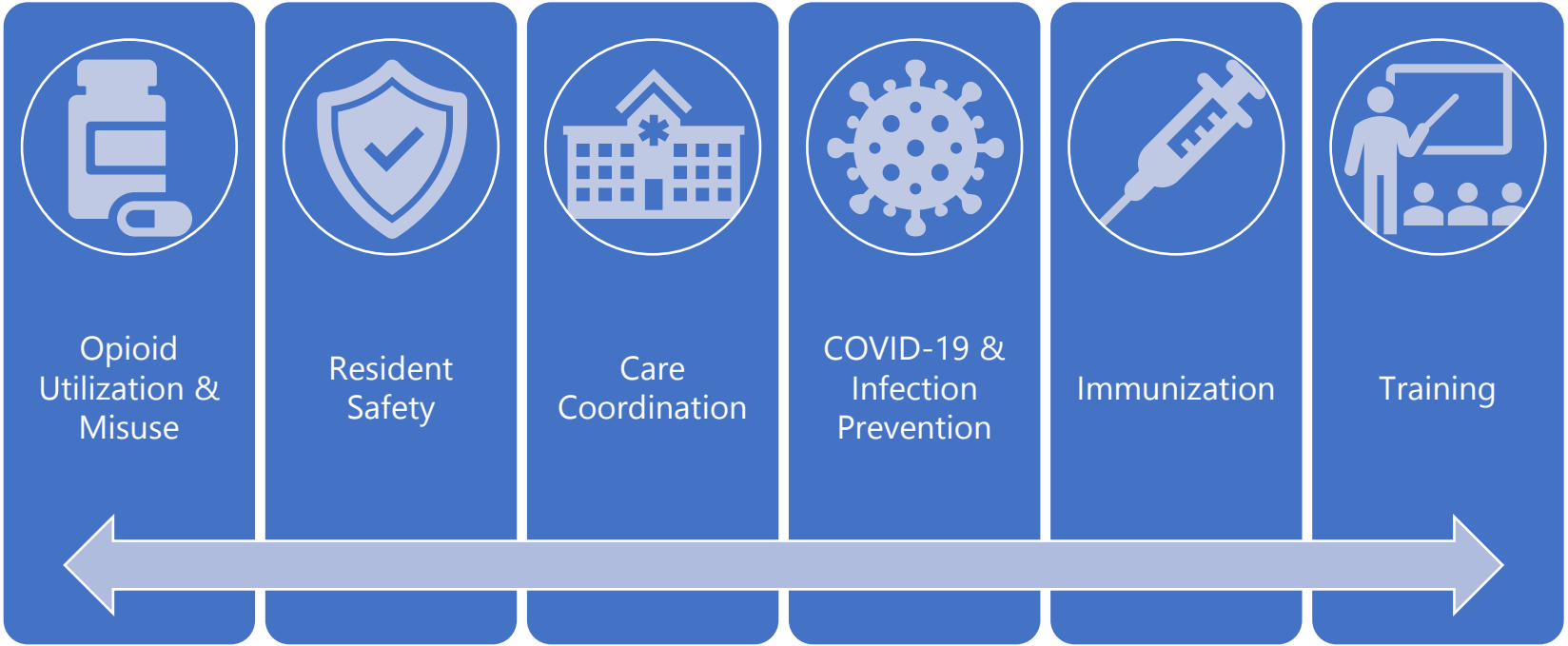
1. Kansas
2. Missouri
3. South Carolina
4. Virginia
5. Other (Please enter your response in Q&A)

Polling Question

What role best describes you and those in the room? (Please select all that apply)

1. Administrator
2. Director of Nursing
3. QA/QI Nurse
4. Director of Staff Development
5. Infection Preventionist
6. Licensed Nurse
7. Physician
8. Corporate Leader
9. Other (Please enter your response in Q&A)

Nursing Home Improvement Priorities



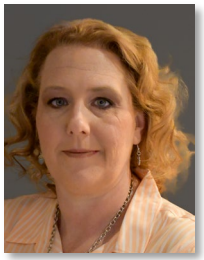
Polling Question

What goals are you actively working on?
(Please select all that apply)

1. Decrease adverse drug events
2. Decrease facility acquired infections
3. Decrease preventable emergency department visits
4. Decrease preventable hospital readmissions
5. Increase COVID-19, flu, and pneumococcal vaccinations
6. Other (Please enter your response in Q&A)

How Do We Accomplish These Goals?

HQI Team



Brandy Stevens, RN
Infection Prevention Consultant

Cindy Warriner, BS, BSPharm, RPh, CDCES
Senior Consultant Pharmacist

Deb Smith MLT, BSN, CIC, CPHQ
Consulting Manager

Dorinda Boadi, MBA, BSN, RN, BS
QI Consultant

Elizabeth Nugent, LNHA, CDP, QCP
Consultant

Felicity Wood, MS, LNHA
Consultant

Karen Bonham, BSN, RN
Consultant

Kelly Proffit, MHA, LPN
Senior Consultant

Mary Locklin, MSN, RN, CIC
Senior QIA-Infection Prevention

Melody Schrock, BSN, RN, QCP
Quality Improvement Advisor

Sheila McLean MBA, LNHA, CPHQ
Project Director

Sue Moeslein MSA, BSN, ACM, CIC
Infection Prevention Consultant

Constellation Quality Health (CQH)

Alyssa Pischel, LNHA, DHA
State Director

Kristine Williamson, MSN, RN, CPHQ
Quality Improvement Specialist
Nursing Home Lead

Peggy Peterson, RN, MDS, NEA-BC, SMQT
Quality Improvement Specialist
Onsite Nurse

Not pictured
Beth Lanford, BHS, RN, LNCC
VQII Outreach and Support

KFMC

Brenda Davis, BSN, RN
Quality Improvement Consultant

Brenda Groves, LPN, CADDCT, CDP
Quality Improvement Manager

Kim Byers, BSN, RN
Quality Improvement Consultant

Loretta Fitzgerald, BSN, RN, CIC
Quality Improvement Consultant – Infection Control

HQIN Faculty

Sue Creehan,
MSN, RN, CWON
HQIN Wound Care Nurse Consultant

Mary Chiles
RN, RAC-CT, QCP
HQIN Consultant

Danny W. Felty
MD, FAAFP, CMD
HQIN Consulting Physician

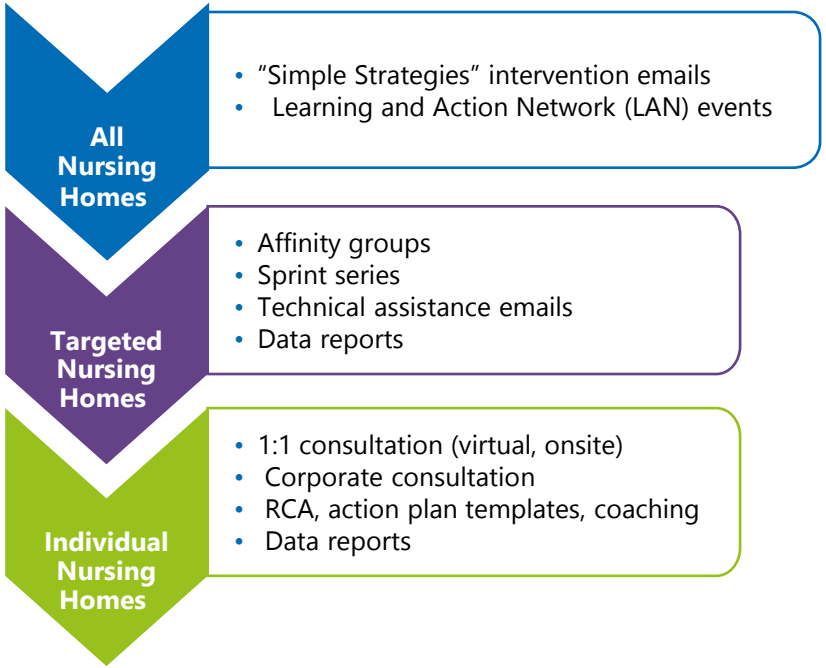
Laura Finch,
MS, GNP, RN
HQIN Consultant

Morgan Katz,
MD, MHS
HQIN Consulting Physician

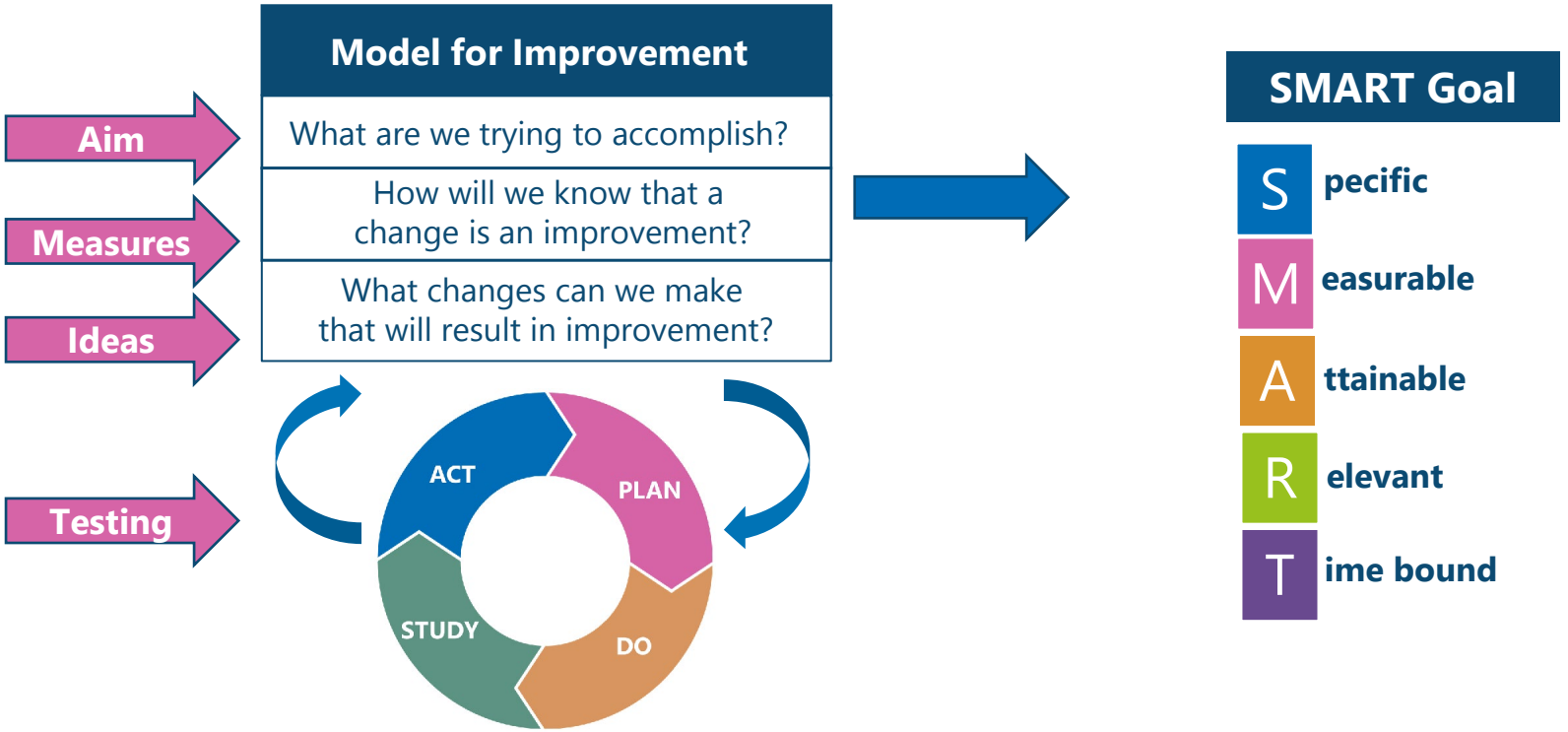
Jordan Rennie,
MBA, BSN, RN, NRP
HQIN Consultant

Nursing Homes - Improvement Strategy

- ✓ Continue to provide nursing home quality measure consultation
- ✓ Align with existing and new initiatives
- ✓ Cross-setting integration
- ✓ Align with CMS programs (SNF VBP, SNF QRP, Care Compare)
- ✓ Emphasized survey-readiness
- ✓ Offered turnkey tools and resources



Model for Improvement



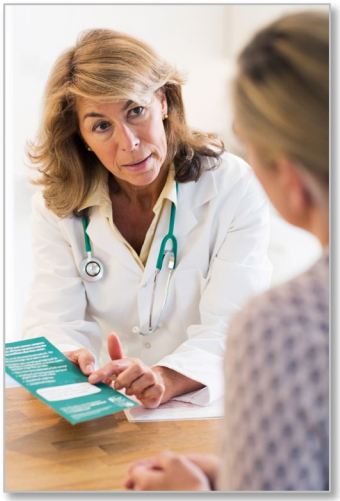
Health Equity and Disparities

- Advance health equity and whole-person care
- Reduce health disparities and promote equitable care
- Ensure individuals have the information needed to make the best choices for their health

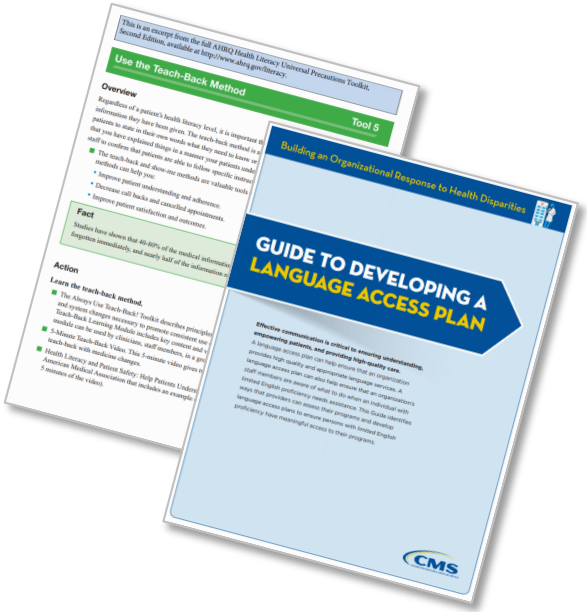
Health Literacy

The CDC has two definitions of the term, based on the Healthy People 2030 initiative:

- **Personal health literacy** is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
- **Organizational health literacy** is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.



Improving Health Literacy



Health Literacy Tools

- Health Literacy Guidance & Tools | CDC
- Health Literacy Universal Precautions Toolkit, 2nd Edition | AHRQ

Teach-Back and Show-Me Methods

- Use the Teach-Back Method: Tool #5 | AHRQ

Language Services for Individuals with Limited English Proficiency

- Guide to Developing a Language Access Plan | CMS Office of Minority Health

Health Equity

Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health.

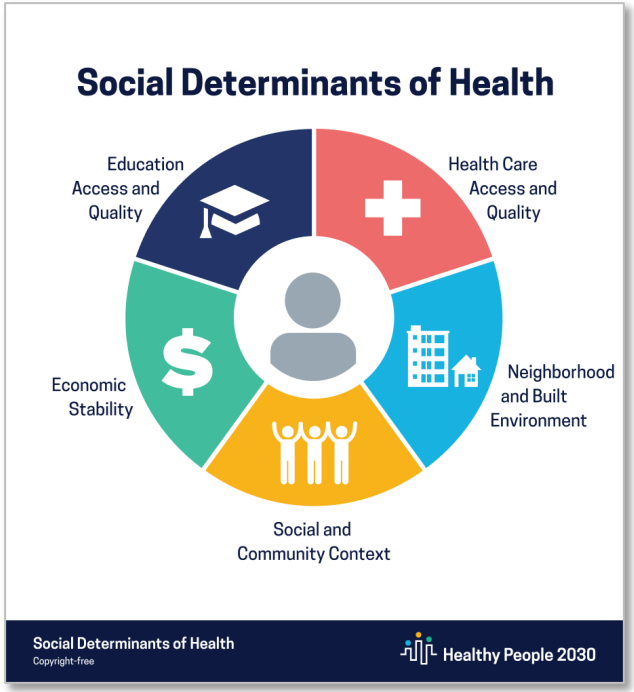
Achieving this requires ongoing societal efforts to:

- Address historical and contemporary injustices
- Overcome economic, social and other obstacles to health and healthcare
- Eliminate preventable health disparities

To achieve health equity, we must change the systems and policies that have resulted in the generational injustices that give rise to racial and ethnic health disparities.

Social Determinants of Health

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks.



[Social Determinants of Health - Healthy People 2030 | health.gov]

CLAS Standards

CLAS helps you take into account:

- Cultural health beliefs
- Preferred languages
- Health literacy levels
- Communication needs

CLAS helps make your services:

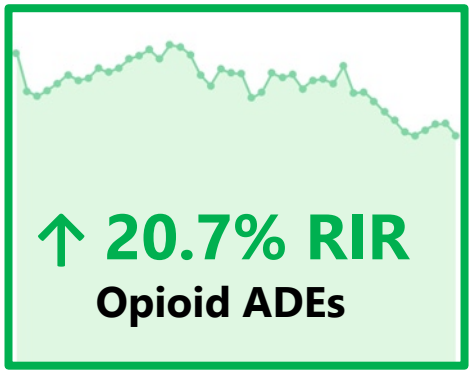
- Respectful
- Understandable
- Effective
- Equitable

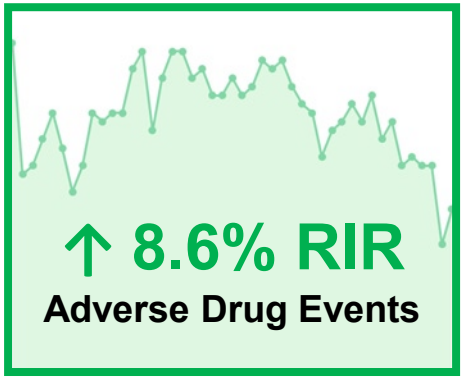
"Of all the forms of inequality, injustice in healthcare is the most shocking and inhumane."

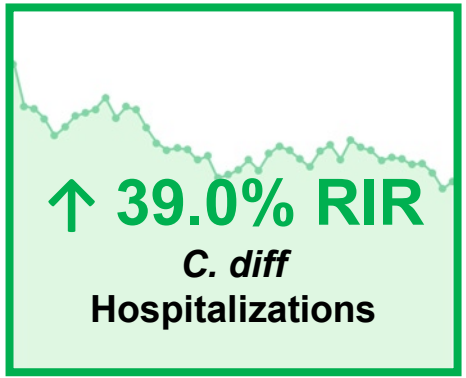
— Dr. Martin Luther King, Jr.

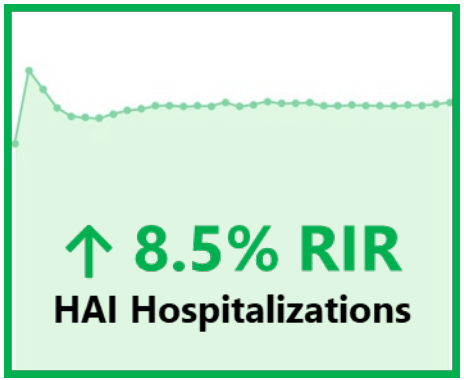
What is CLAS? - Think Cultural Health | hhs.gov

Resident Safety

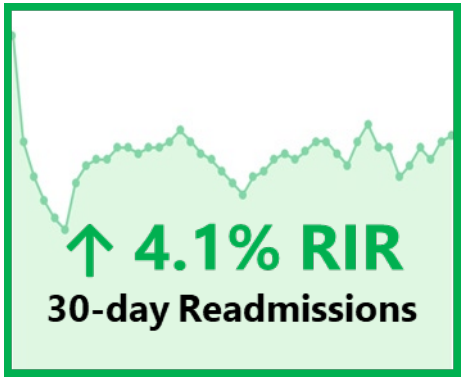


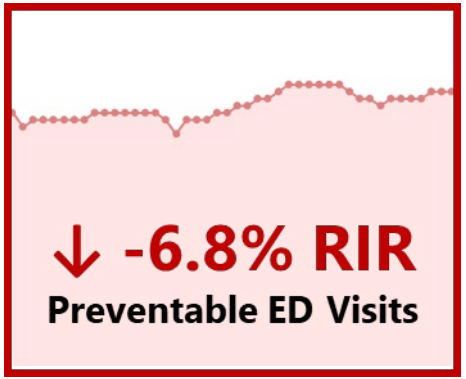




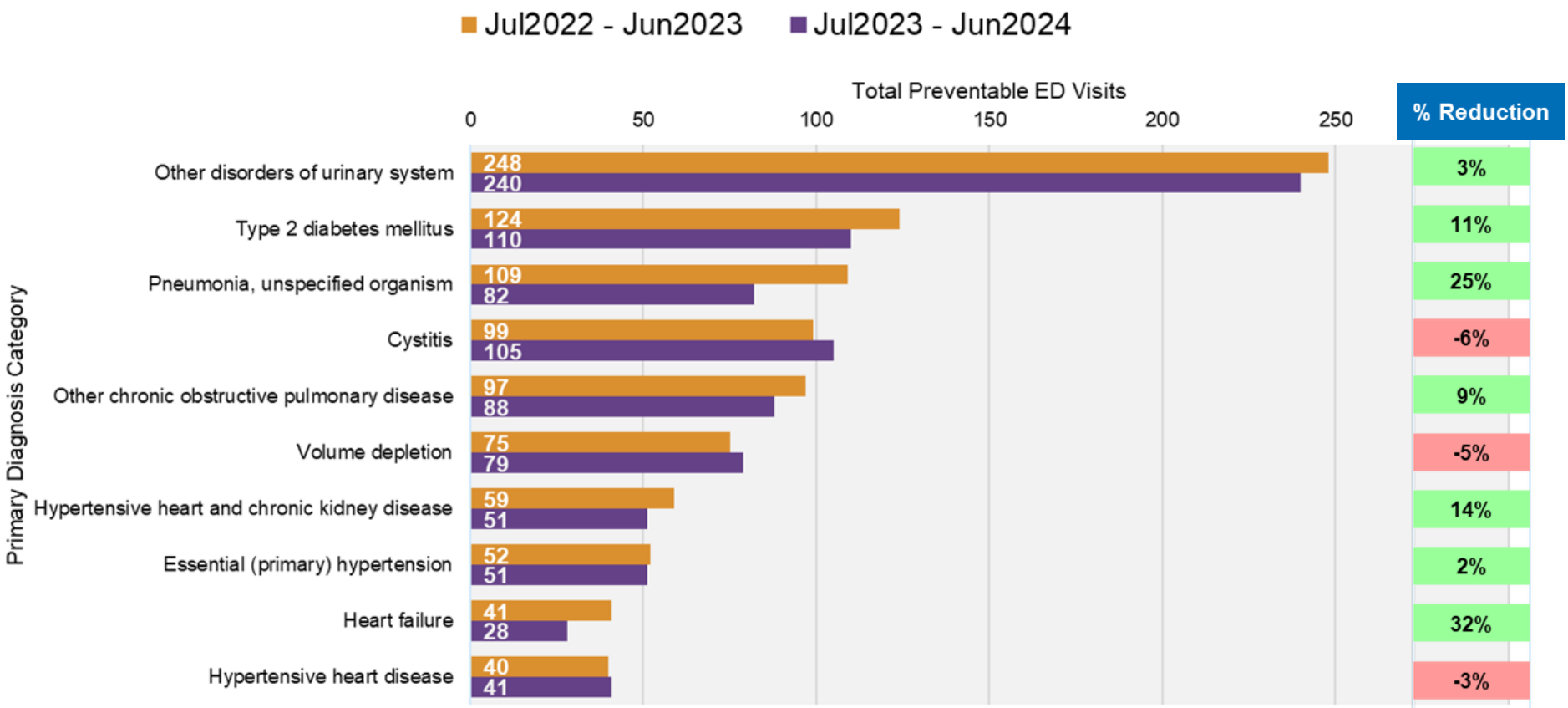


Care Coordination



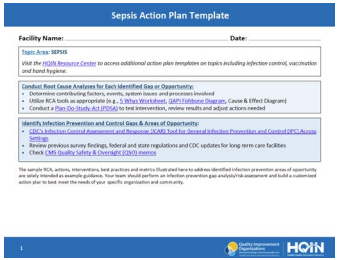


Top Diagnoses Among Preventable ED Visits

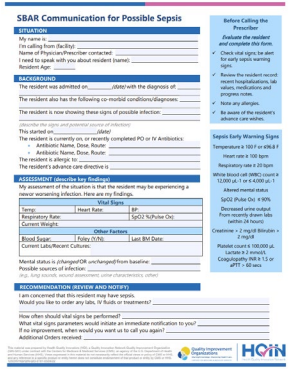


Reducing Sepsis

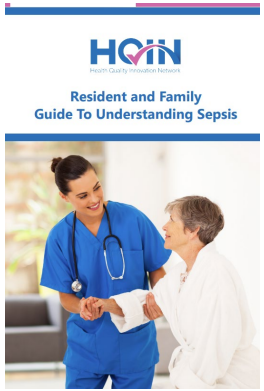
[Sepsis Sprint Series: Connecting the Dots on Readmissions/ED Visits]



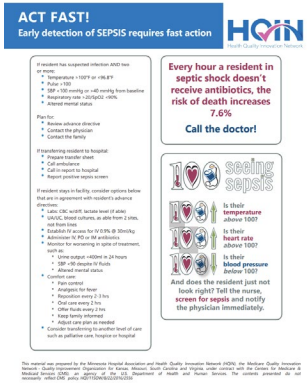
[Sepsis Action Plan Template]



[SBAR Communication for Possible Sepsis]

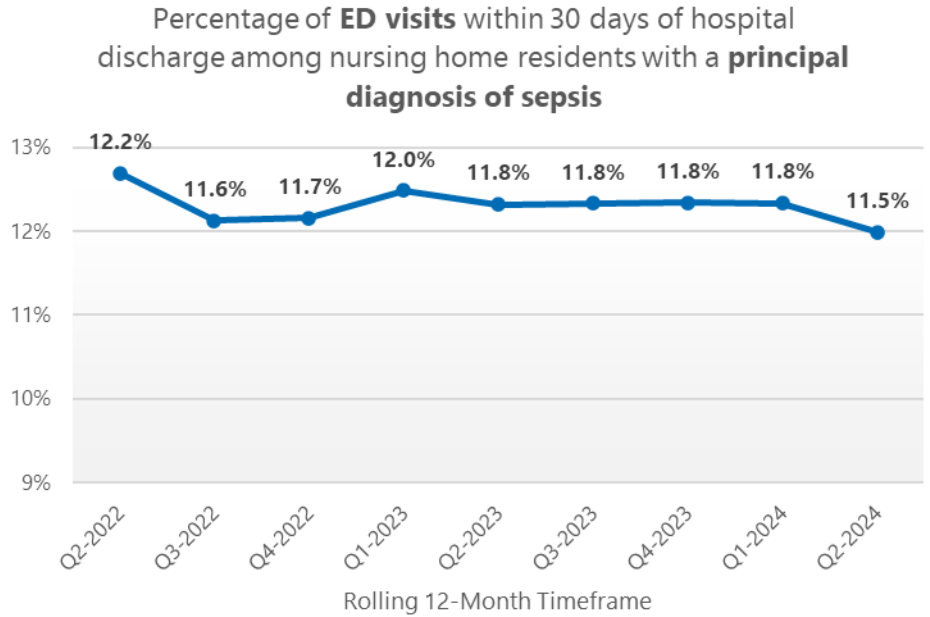


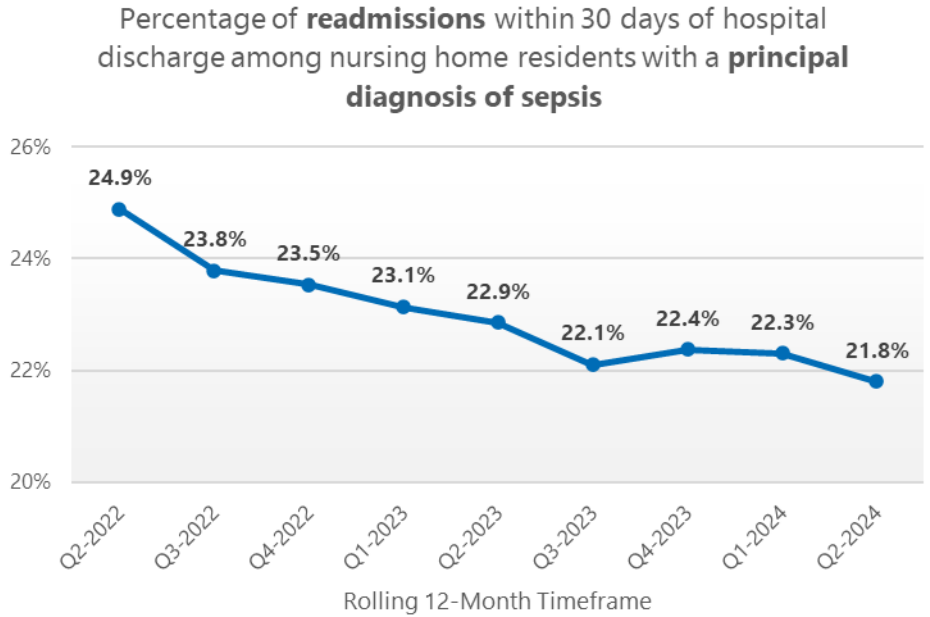
[Resident and Family Guide to Understanding Sepsis]



[Act Fast! Early Detection of Sepsis Requires Fast Action]

Sepsis ED Visits and Readmissions





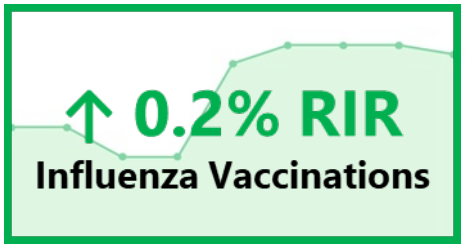
5.8% RIR

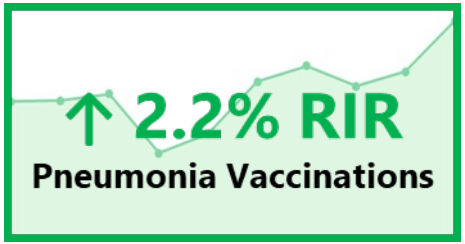
12.4% RIR

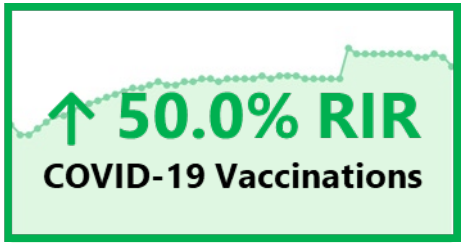
Avoided Hospitalizations

Harm Area	Avoided Hospitalizations
Adverse Drug Events	**75.63**
Opioid Adverse Drug Events	**84.84**
C.difficile Infections	**44.02**
Healthcare-associated Infections	**1,209.73**
30-day Readmissions	**509.20**
Preventable ED Visits	**-25.29**
COVID-19 Infections	**209.65**
Influenza Infections	**57.29**
Pneumonia Infections	**257.78**
TOTAL	**2,422.85**

Vaccinations







Quality Improvement Initiatives (QIIs)

- Targeted Response QIIs – Nursing Home Infection Control/COVID-19 Outbreak
- Key Elements
  - CMS driven
  - Based on COVID-19 cases
  - Time sensitive
    - Action Plan within 30-days
  - Data driven for closure
  - Onsite Infection Prevention and Control Assessment

Quality Improvement Initiatives (QIIs)

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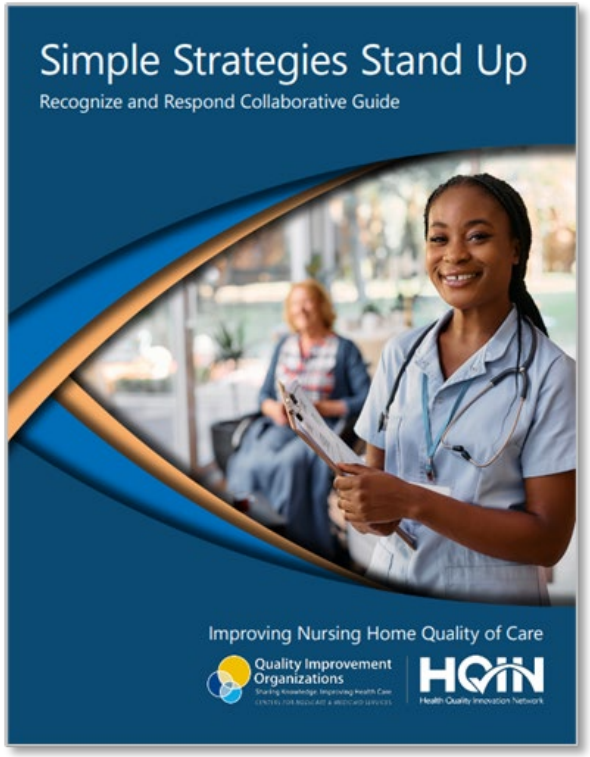
Targeted Response QIIs	Vaccine QIIs
990 Nursing Homes Supported	**1,158** Nursing Homes Supported

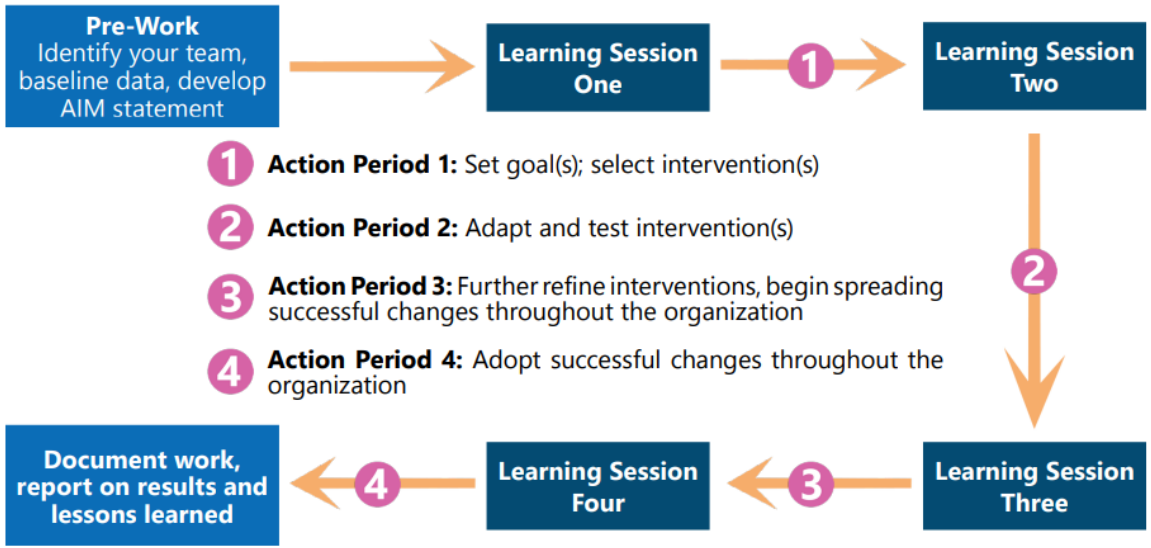
HQIN
Health Quality Innovation Network

Lessons Learned

- Chronic Conditions and Acute Episodes
- Staffing Turnover and Training Challenges
- Leadership Engagement
- Staff Mental Health and Wellbeing
- Communication Gaps
- Vaccine Hesitancy

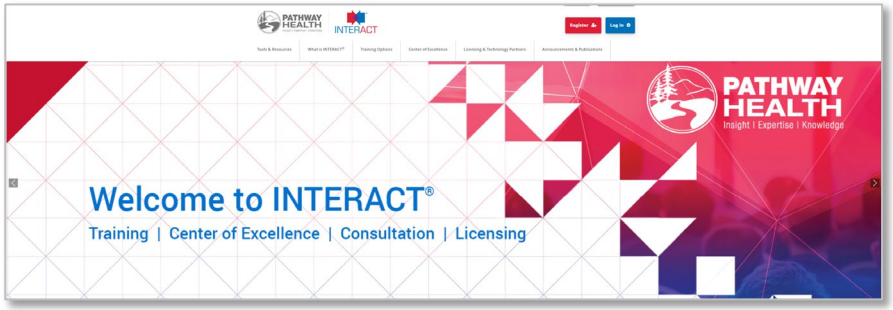
Recognize and Respond Collaborative





INTERACT® Tools

- Communication tools
- Decision support tools: Change in condition file cards and care paths
- Advanced care plan tools
- Quality improvement tools
- Tools are available on the Pathway-INTERACT website



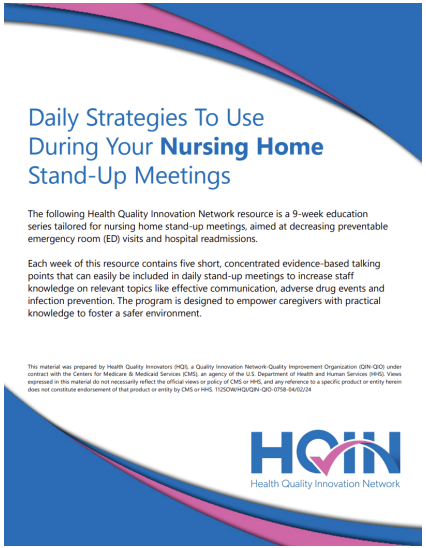
Introducing TeamSTEPPS®

- Powerful solution to improving resident safety within your organization
- Evidence-based teamwork system to improve communication and teamwork skills among healthcare professionals
- Source of ready-to-use materials and a training curriculum to successfully integrate teamwork principles into all areas of your healthcare system

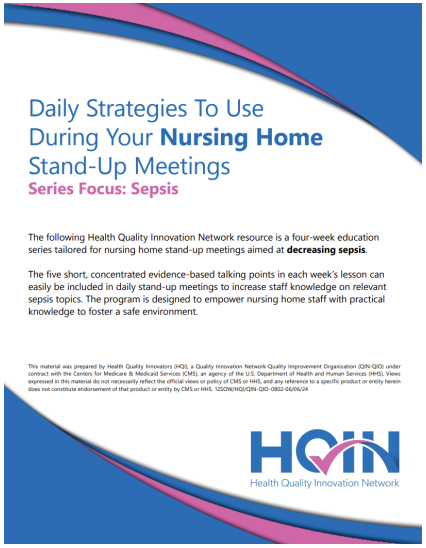
Team

S trategies &
T ools to
E nhance
P erformance &
P atient
S afety

Stand Up Strategies



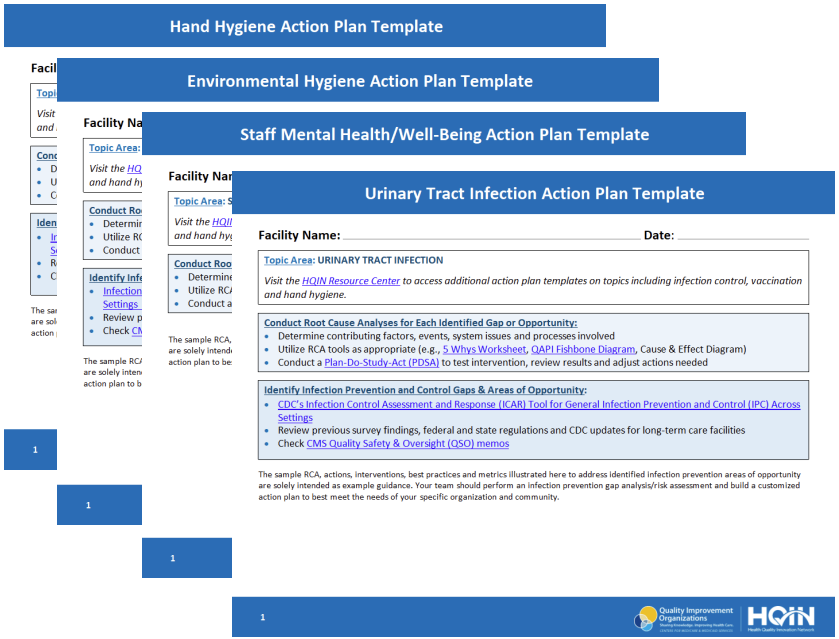
[Daily Strategies To Use During Your Nursing Home Stand-Up Meetings]



[Daily Strategies To Use During Your Nursing Home Stand-Up Meetings - Series Focus: Sepsis]

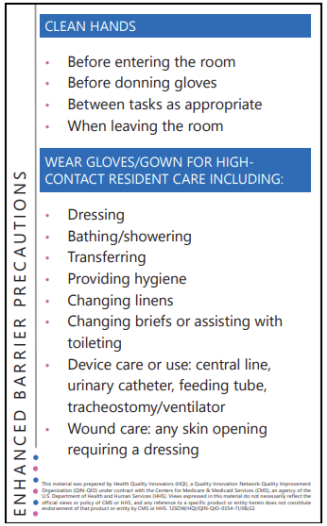
Action Plan Templates

Action Plan Templates | HQIN



Pocket Cards

Best Practices Pocket Cards



ENHANCED BARRIER PRECAUTIONS

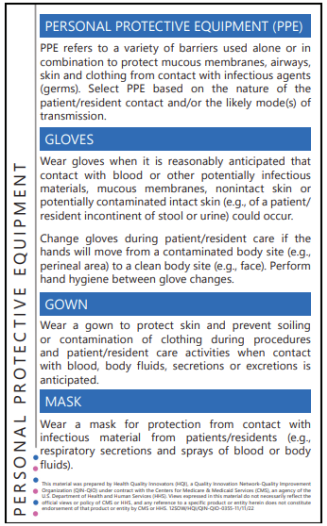
CLEAN HANDS

- Before entering the room
- Before donning gloves
- Between tasks as appropriate
- When leaving the room

WEAR GLOVES/GOWN FOR HIGH-CONTACT RESIDENT CARE INCLUDING:

- Dressing
- Bathing/showering
- Transferring
- Providing hygiene
- Changing linens
- Changing briefs or assisting with toileting
- Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator
- Wound care: any skin opening requiring a dressing

This material was prepared by Health Quality Innovators (HQI), a Quality Innovation Network-Quality Improvement Organization (QIN-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, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 12SOWHQI/QIN-QIO-0154-11/0622



PERSONAL PROTECTIVE EQUIPMENT

PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE refers to a variety of barriers used alone or in combination to protect mucous membranes, airways, skin and clothing from contact with infectious agents (germs). Select PPE based on the nature of the patient/resident contact and/or the likely mode(s) of transmission.

GLOVES

Wear gloves when it is reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, nonintact skin or potentially contaminated intact skin (e.g., of a patient/resident incontinent of stool or urine) could occur.

Change gloves during patient/resident care if the hands will move from a contaminated body site (e.g., perineal area) to a clean body site (e.g., face). Perform hand hygiene between glove changes.

GOWN

Wear a gown to protect skin and prevent soiling or contamination of clothing during procedures and patient/resident care activities when contact with blood, body fluids, secretions or excretions is anticipated.

MASK

Wear a mask for protection from contact with infectious material from patients/residents (e.g., respiratory secretions and sprays of blood or body fluids).

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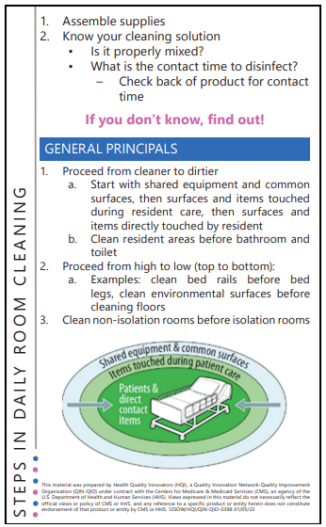

STEPS IN DAILY ROOM CLEANING

1. Assemble supplies
2. Know your cleaning solution
   - Is it properly mixed?
   - What is the contact time to disinfect?
     - Check back of product for contact time

If you don't know, find out!

GENERAL PRINCIPALS

1. Proceed from cleaner to dirtier
   a. Start with shared equipment and common surfaces, then surfaces and items touched during resident care, then surfaces and items directly touched by resident
   b. Clean resident areas before bathroom and toilet
2. Proceed from high to low (top to bottom):
   a. Examples: clean bed rails before bed legs, clean environmental surfaces before cleaning floors
3. Clean non-isolation rooms before isolation rooms

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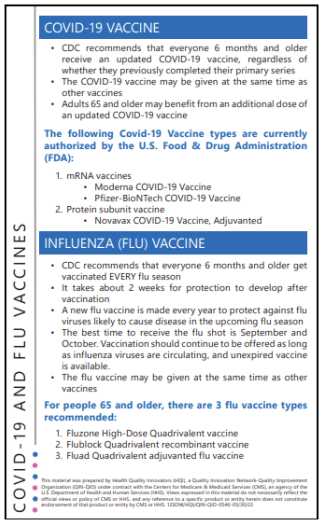

COVID-19 AND FLU VACCINES

COVID-19 VACCINE

- CDC recommends that everyone 6 months and older receive an updated COVID-19 vaccine, regardless of whether they previously completed their primary series
- The COVID-19 vaccine may be given at the same time as other vaccines
- Adults 65 and older may benefit from an additional dose of an updated COVID-19 vaccine

The following Covid-19 Vaccine types are currently authorized by the U.S. Food & Drug Administration (FDA):

1. mRNA vaccines
   - Moderna COVID-19 Vaccine
   - Pfizer-BioNTech COVID-19 Vaccine
2. Protein subunit vaccine
   - Novavax COVID-19 Vaccine, Adjuvanted

INFLUENZA (FLU) VACCINE

- CDC recommends that everyone 6 months and older get vaccinated EVERY flu season
- It takes about 2 weeks for protection to develop after vaccination
- A new flu vaccine is made every year to protect against flu viruses likely to cause disease in the upcoming flu season
- The best time to receive the flu shot is September and October. Vaccination should continue to be offered as long as influenza viruses are circulating, and unexpired vaccine is available.
- The flu vaccine may be given at the same time as other vaccines

For people 65 and older, there are 3 flu vaccine types recommended:

1. Fluzone High-Dose Quadrivalent vaccine
2. Flublock Quadrivalent recombinant vaccine
3. Fluad Quadrivalent adjuvanted flu vaccine

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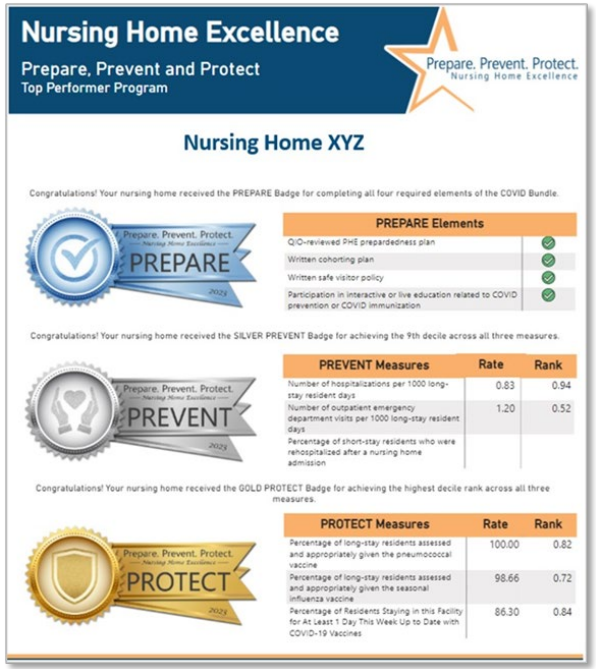
Prepare, Prevent, Protect (3P) Top Performer Program

1. **PREPARE:** Implement planning, policies and training on emergency preparedness and infection prevention
2. **PREVENT:** Prevent avoidable resident emergency department visits, readmissions and hospitalizations
3. **PROTECT:** Commit to an ongoing, proactive immunization program



Nursing Home Excellence

Prepare, Prevent and Protect
Top Performer Program

Prepare. Prevent. Protect.
Nursing Home Excellence

Nursing Home XYZ

Congratulations! Your nursing home received the PREPARE Badge for completing all four required elements of the COVID Bundle.

Prepare. Prevent. Protect. PREPARE 2024

PREPARE Elements	
QIO-reviewed PHE preparedness plan	✓
Written cohorting plan	✓
Written safe visitor policy	✓
Participation in interactive or live education related to COVID prevention or COVID immunization	✓

Congratulations! Your nursing home received the SILVER PREVENT Badge for achieving the 9th decile across all three measures.

Prepare. Prevent. Protect. PREVENT 2024

PREVENT Measures	Rate	Rank
Number of hospitalizations per 1000 long-stay resident days	0.83	0.94
Number of outpatient emergency department visits per 1000 long-stay resident days	1.20	0.52
Percentage of short-stay residents who were rehospitalized after a nursing home admission		

Congratulations! Your nursing home received the GOLD PROTECT Badge for achieving the highest decile rank across all three measures.

Prepare. Prevent. Protect. PROTECT 2024

PROTECT Measures	Rate	Rank
Percentage of long-stay residents assessed and appropriately given the pneumococcal vaccine	100.00	0.82
Percentage of long-stay residents assessed and appropriately given the seasonal influenza vaccine	98.66	0.72
Percentage of Residents Staying in this Facility for At Least 1 Day This Week Up to Date with COVID-19 Vaccines	86.30	0.84

Kansas 3P Top Performers

Advena of Clearwater

Botkin Care and Rehab

Citizens Medical Center LTCU

Haviland Operator, LLC

Homestead Health Center

Life Care Center of Kansas City

Rolling Hills Health and Rehab

Missouri 3P Top Performers

Clark County Nursing Home

Lincoln Community Care Center

Miller County Care and Rehabilitation Center

New Madrid Living Center

Shady Oaks Healthcare Center

South County Nursing Home

Stonebridge Hermann

South Carolina 3P Top Performers

Cherrydale Post Acute

NHC Healthcare – Clinton

Oak View Health and Rehabilitation

Pruitthealth – Barnwell

River Falls Post Acute

Virginia 3P Top Performers

Abingdon Health Care

Autumn Care of Altavista

Berkshire Health & Rehabilitation Center

Consulate Healthcare of Williamsburg

Culpeper Health & Rehabilitation Center

Heritage Hall Brookneal

Heritage Hall Clintwood

Monroe Health & Rehab Center

Mountain View Nursing Home

NHC Healthcare Bristol

Northern Neck Senior Care Community

Our Lady of Hope Health Center

Our Lady of Peace

Rocky Mount Health & Rehab Center

Sunnyside Presbyterian Retirement Community

The Newport Nursing and Rehabilitation Center

The Virginia Home

VMRC, Complete Living Care

Walter Reed Nursing & Rehabilitation Center

Westminster Canterbury of Lynchburg

Westmoreland Rehabilitation & Healthcare Center

Sustainability:
Building Reliable Processes

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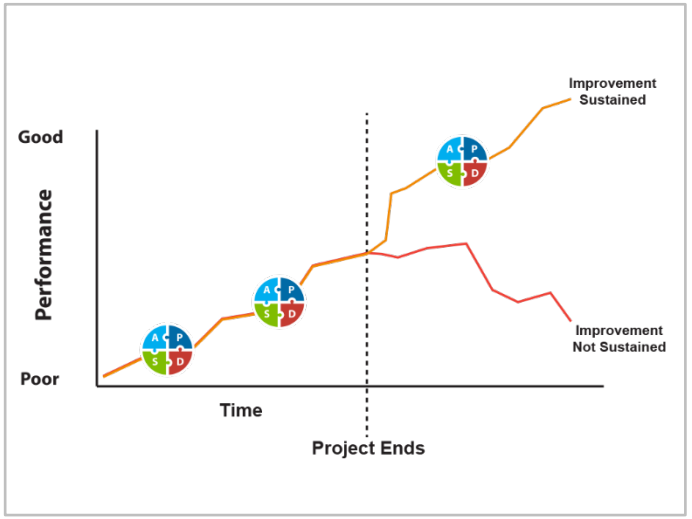
What Is Sustainability?

- Sustainability occurs when processes or improved outcomes last within an organization after implementation has occurred
  - An improvement that has become part of the organizational culture and has been maintained regardless of workforce turnover is an example of a sustained improvement
- Sustainability is also related to successful culture change within an organization



Module 6: Sustainability: Facilitator Notes | Agency for Healthcare Research and Quality

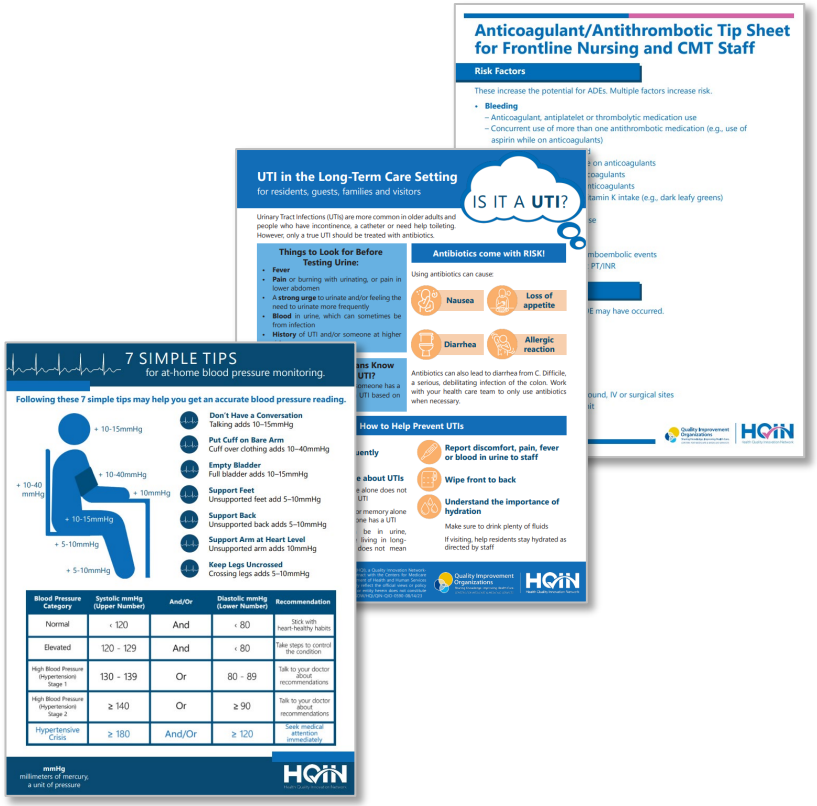
Pillars of Sustainability

- Supportive management structure
- Processes to "foolproof" change
- Robust, transparent feedback systems
- Shared purpose
- Culture of improvement and engaged staff
- Formal capacity-building programs

HQIN Resource Center

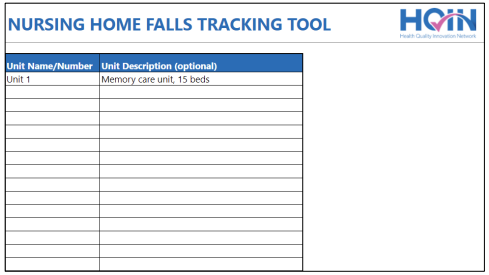
The HQIN Resource Center is an online repository of resources, tools and webinar materials to help support your team's efforts.

It includes a variety of tools designed to help educate, coach and support residents and their families as well as facility staff.



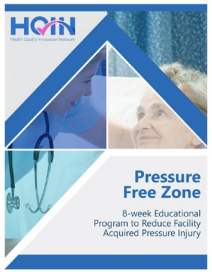
Resources | HQIN

HQIN Resources

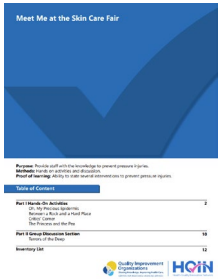

NURSING HOME FALLS TRACKING TOOL

Unit Name/Number	Unit Description (optional)
Unit 1	Memory care unit, 15 beds

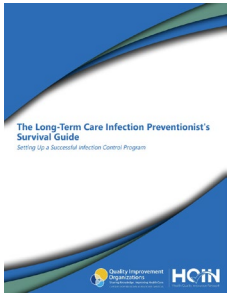
[Falls Tracking Tool]



[Pressure Free Zone]



[Skin Care Fair]



[The Long-Term Care Infection Preventionist's Survival Guide]

[Pause for Prevention Program]

[Survey Readiness Toolkit]

Polling Question

Have you visited our Resource Center and downloaded our resources?

1. Yes
2. No

On-Demand Education

- HQI Academy Offers a selection of free training modules and accompany learning aides for health care personnel from all care settings. Topics include:
  - Diabetes
  - Health equity
  - Sepsis
- Viven Health Learning App
  - Audience: staff, residents and families/visitors
  - Infection Prevention
  - COVID-19 Vaccine Program

Q
&
A

Polling Question

What is your QI focus for the next year?
(Please select all that apply)

1. Reduce facility acquired infections
2. Reduce preventable emergency department visits
3. Reduce preventable hospital readmissions
4. Increase resident vaccination rates
5. Increase staffing rates
6. Other (Please enter response in Q&A)

FOR MORE INFORMATION

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