The quality journey in long-term care

By Gail Sheridan

Quality in long-term care has often been described as a journey — and when termed as such, you see the positive strides our profession has made. This journey has also been multi-layered, blending efforts at both the national and Association level.

Two programs that are currently being advanced at the national level by our affiliates — the American Health Care Association and the National Center for Assisted Living (AHCA/NCAL) — are their Quality Award Program and Quality Initiative.

The Quality Awards Program is based on the core values and criteria of the Baldrige Performance Excellence Program. It has three progressive levels for which nursing facilities and assisted living establishment applicants can apply, beginning with the Bronze – Commitment to Quality Award. Applicants are judged by trained examiners who provide feedback on opportunities for improvement to support continuous learning. For those who achieve the Bronze Award, the next level is Silver, followed by Gold. This past year, five Care Providers of Minnesota members took their first step and received a Bronze – Commitment to Quality Award; one member advanced to the second level, the Silver – Achievement in Quality Award. And although we received no Gold Awards this year, we are extremely proud of two facts: that one of the first gold awards to be presented (then known as Step III) were to a Care Providers of Minnesota member (Lewiston Villa Nursing Home in 2004). And since then, with only 11 gold awards presented nationally at this level, four have been earned by Care Providers of Minnesota members. That is certainly something to be proud of!

The second program is AHCA/NCAL’s Quality Initiative. The new Initiative was brought forward last year and builds upon existing work we are doing. The Initiative has set specific, measurable targets to further improve quality of long-term care in four core areas:

- Safely reduce hospital readmissions
- Increase staff stability
- Increase customer satisfaction
- Safely reduce the off-label use of antipsychotics

To help all members reach these goals by March 2015, AHCA/NCAL has provided tools and resources such as the LTC Trend Tracker, the AHCA/NCAL Quality Award Program, and NCAL’s Advocating Care Excellence program.

At the Association level, we too have pursued and succeeded in many quality areas. The more visible ones are the number of members who have started their own quality journey via AHCA/NCAL’s Quality Award Program. To date, over 100 Care Providers of Minnesota members have taken the first step; an additional 16 have reached the Silver level; and as mentioned earlier, four have already achieved the highest level, the Gold – Excellence in Quality.

The Association has also zeroed in on making quality a top focus area. Three years ago, the Quality Council was formed; it now includes a roster of members who meet quarterly from across the state. We are also in our third year of publishing Quality in Action, which is sent to over 3000 individuals four times a year. Last month, we published our third annual quality report, the 2012 Quality at Work report, which highlighted our quality efforts throughout the year.

Last year, we took a big step and hosted our first Quality Symposium, which brought together individuals for a full-day program that focused on quality improvement and the importance of patient-focused excellence. And next month, April 17, our second Quality Symposium will take place (see related article in the Quality Working for You section of this issue).
So yes, we certainly have come a long way on our quality journey and yes, we know there is a lot to be proud of, but sometimes, the best is yet to come!

Gail Sheridan
vice president of healthcare services, Tealwood Senior Living
chair, Quality Council

**AHCA/NCAL leadership to keynote Care Providers of Minnesota’s 2013 Quality Symposium**

Mark April 17 on your calendar. Dr. David Gifford, senior vice president of quality and regulatory affairs, American Health Care Association/National Center for Assisted Living and Lindsay B. Schwartz, Ph.D., director, workforce and quality improvement, National Center for Assisted Living, will highlight Care Providers of Minnesota’s second Quality Symposium as presenters.

This year’s Quality Symposium will address topics including:

- Saving a troubled project and keeping projects out of trouble
- INTERACT Quality Improvement program
- Improving client satisfaction
- Advancing Excellence
- Drug diversion
- The basics of a quality program
- Enhancing residents’ restorative sleep
- Reducing rehospitalizations
- Plus much more

This comprehensive quality-focused program will provide important information for corporate staff, administrators, housing managers, nursing staff, and quality improvement staff. Brochures with more details and registration information will be mailed in early March.

The 2013 Quality Symposium will be held at the newly-renovated Doubletree by Hilton in Bloomington, Minnesota. You can make your hotel reservations now by calling toll free: 1-800-325-3535 or 952-835-7800. A room block for Care Providers of Minnesota has been arranged for this program at the rate of $139 (traditional king or double/double guest room).

**Adapt or die: Most corporate failures are self-inflicted**

*By Brian S. Lassiter, president, Performance Excellence Network (formerly Minnesota Council for Quality)*

What do the American mastodon, woolly mammoth, and Arizona jaguar all have in common? Here’s a hint: they all suffered fates similar to Hostess Brands, Circuit City, and Blockbuster. Yes, they all went away. Extinction. Vanished. Disappeared. But I think the companies could all take a lesson from the animals that died before them: organizations — much like animals — that live in an ever-changing environment need to be aware and responsive to their changes so that they continue to survive, sustain, and grow. Otherwise, the slow, inflexible, bureaucratic organizations will face similar extinctions as did the dinosaurs.

I recently came across a three-year study by Bain & Company that evaluated businesses’ ability (and inability) to sustain profit and adapt in a period of uncertainty and accelerating change. Only 100 companies (out of 70,000) accounted for $10 trillion in net returns, which is more than half of the overall $19 trillion in returns for the whole group of 70,000. Think about that for a second: 100 companies generated $10 trillion in returns, while the other 69,900 companies generated $9 trillion. Talk about the Pareto Principle!

So what was the secret of those 100 companies? That’s the million dollar (or 10 trillion dollar) question! Bain’s research was able to explain that 40-50% of performance variation was due to just three factors. **These three**
success factors represent best practices for any leader in any organization to consider.

First, successful companies have a strong, well-differentiated core. In other words, these companies focus on their greatest strengths — on what they have that others don’t. Organizations can differentiate through superior cost (like Wal-Mart), through unique product features (like Apple), or through a differentiated distribution system (like Microsoft). And having a strong, well-defined core should allow for sustained growth over time — either from offering new products that relate to the core, expanding current products into new market segments (still remaining true to the core), and/or acquiring other businesses related to the core.

Second, successful companies have clear non-negotiables. In other words, they have the ability to "translate their strategy into a few simple values and prescriptions that people throughout the organization can understand and use to shape actions and decisions." They have built intolerance for excess complexity in favor of simplicity and focus. Yes, markets change. Yes, technology changes. But, according to Bain’s data, it’s the unnecessary INTERNAL complexity — the inefficient or ineffective communication, the extra approval layers that delay decision making, the preference to study things incessantly but not take action (we call that "analysis paralysis") — that turns companies into lumbering dinosaurs.

And third, successful companies have systems for closed loop learning. In the face of rapid changes — marketplace, customer preferences, technology, competition, and so forth — successful companies seem to react faster than their competitors. They use data from various sources to understand what’s changing in their environment: they learn from customers; they learn from their own operational data; they learn from their workforce, partners, and suppliers; they learn from industry (and out-of-industry) role models. They have robust listening posts to understand how things are changing, which gives them the ability to adapt quickly. In some ways, these organizations can see around corners: they have the ability to anticipate changes before they occur.

In the words of Rupert Murdoch: "The world is changing very fast. Big will not beat small any more. It will be the fast beating the slow."

In summary, successful companies — those that grow and produce a consistent return — seem to do (at least) three things very well: they focus on their strengths, they favor simplicity over complexity, and they systematically gather data from a variety of listening posts to better anticipate how and when to change.

On the contrary, companies that fail to grow and/or generate sustained value usually struggle in at least one of those three areas. But they don’t have to. In the words of the study’s authors: "the extinction of once-great innovative companies is less often caused by technological or market evolution and more often by self-inflicted wounds and slow cycles of decision and adaption." I wonder which path companies like Apple, which has enjoyed a wonderful run and is now dealing with new challenges (or more locally: Best Buy, which is facing competition from new distribution channels), will take. I wonder what path your organization will take.

State’s quality vision for nursing facilities

By Patti Cullen, CAE

Several state agencies have been playing a role in defining and "ensuring" quality in Minnesota’s 376 nursing facilities. The Department of Health, through their compliance monitoring role, focuses on both regulatory compliance and on training for best practices in the clinical arena. The Department of Human Services (DHS), our state Medicaid agency, has instituted several initiatives that connect quality measurements/improvement to payment: the Performance-Based Incentive Payment Program (PIPP) and the proposed quality add-on.

First, about PIPP … since the start of this competitive "grant" program in 2007, there has been a wide participation of Minnesota nursing facilities in this program. Between 2007 and 2011, 199 facilities participated with 89 projects. Starting in October 2012, there are 30 additional projects involving 98 facilities. Only 23% of Minnesota nursing facilities have never applied for PIPP funds. Funds for PIPP projects are available for the length of the project — up to three years and up to a 5% operating rate increase. There is currently a research and demonstration study underway to look at the quality implications of the PIPP program — looking at the
"what" and "how" of quality improvement. Results of this three year federally funded study should be available at the end of 2013.

The second DHS quality improvement incentive is contained in the proposed biennial budget from the Governor. The Governor recommends that nursing facilities receive a quality add-on increase to their operating rates starting in fiscal year (FY) 2014. The stated rationale for this quality add-on approach is: "the quality of services provided by long-term care providers is an ongoing concern both in institutional settings and home and community-based services. Experience demonstrates that publicly reporting performance and providing even a small payment incentive for performance leads to quality improvement."

Nursing facilities can receive a quality add-on if they have made investments in quality reflected in six measures. The six quality measures are weighted as follows in determining a nursing facility’s quality score:

- Minnesota risk adjusted clinical quality indicators — 35 points
- Resident quality of life interview — 20 points
- Direct care staff retention — 20 points
- Direct care staffing — 10 points
- Minnesota Department of Health inspections — 10 points
- Temporary staff use — 10 points

The average quality add-on effective in FY14 and FY15 will be 1.08%; in FY16 and FY17, 2.25%. The quality add-on is currently just a proposal included in the Governor’s budget — there will be ongoing discussions during the legislative session about the mechanism and amounts for this add-on.

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State’s quality vision for home & community-based services

By Patti Cullen, CAE

For the past several years the topics of quality measurement and quality improvement in home and community-based services settings — in particular "assisted living" settings — have been discussed in a multitude of settings, and with a variety of stakeholders. The Department of Health has been working for several years on rewriting home care regulations; and in allocating greater resources for compliance oversight in home care settings. The Department of Human Services (DHS) also has been working on mechanisms to reward quality improvement in home and community-based services (HCBS) settings.

The Governor’s proposed biennial budget reflects this work in three areas:

1. Additional funding for home care surveyors, with new home care regulations and survey process;
2. Investment in the development of a home and community-based services report card and an evaluation of services. This proposal develops a home and community-based services report card to provide information to consumers to help them make informed decisions about services. DHS will build on past efforts to identify quality measures and will work with stakeholders to gather input into the measures that will be used in this report card.
3. A funding proposal that creates a performance improvement project program for providers of home and community-based services for people with disabilities and seniors. During fiscal years 2014 and 1015 planning and development work will begin to establish a set of measures that will form the basis of the quality add-on payment and a consumer survey. The second phase in fiscal years 2016 and 2017 will implement the quality add-on payment for providers who meet performance thresholds on the measures. This proposal is closely modeled after the nursing facility performance-based incentive payment program (PIPP) structure that is currently in use.

Whether these proposals will be adopted as proposed is uncertain at this time — the Legislature is now responsible for developing their own budget proposal using the Governor’s budget as their base. There are
concerns that the financing mechanism for HCBS where Medicaid is the payor is woefully inadequate, which makes investments in quality improvement difficult at best.

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The challenge of human centered design

By Sharon St. Mary

Roller skates or skateboard? Hmmm … not sure either will work that well! I don’t want the residents to be run over by the staff and I don’t want the staff to fall and hurt themselves. But the idea is intriguing since my staff is complaining about how much walking they have to do in our new building. What to do?

This is one of the design challenges the students in the Executive Studies MHA program at the Carlson School of Management identified during their recent human centered design observational research outing to Good Samaritan Society – Specialty Care Community.

What is human centered design (HCD), you might ask?
Good question! This is how it worked for us one Monday in January: 35 health care executives converged on our facility at 9:00 AM. The first 45 minutes were a 50,000 foot introduction to the facility and what I can only describe as a "grilling" of me by the students. It was a rapid-fire time of questions directed to me, which we actually had to terminate before I was able to recognize all the questioners, as they were a very actively engaged group. Next they spent a couple minutes receiving instructions from their instructor and then, in groups of six, they went out onto each of our six communities for one hour and fifteen minutes of shadowing the staff on four communities; and speaking with residents in two of our communities.

The design challenge on our first floor communities was: How might we improve the resident experience at Good Sam’s Specialty Care Community? For the four remaining communities, the design challenge looked at the same question from the staff’s perspective: How might we enable frontline staff to improve the resident experience? The students then spent the next week synthesizing their experience and I went to class on that Saturday to hear their presentation.

The process of HCD involves five stages: **Empathize** (this was the part where they came to the facility): talk to people in their context to better understand their needs and the emotions that guide the behaviors they have. **Define**: the team unpacks its empathy findings to develop a defined actionable problem statement/point of view (POV) that captures the hearts and minds of people for whom they are developing the new product/service or experience. **Ideate**: create new ideas and explore solutions that increase the innovation potential of the solution set. Brainstorm a range of possible solutions that help to move beyond the obvious. **Ideate** (wait a minute — again?): each of the project teams takes one of their best and class ideas and builds a physical **prototype** to help deepen the understanding of the people in our specific situation and to learn quickly about what solutions may or may not work. **Test**: The low-resolution prototype is tested in front of the organization to determine if the team has created the right solution or if they need to redefine the POV. This stage informs the next generation of the product, service, concept or prototype. The prototype and testing were delivered to me and my DON, Nikki Tostenson, through a live interactive story developed by each team.

On Saturday, Nikki and I went to school — not knowing what to expect. For the next two hours we watched the most amazing presentations, in the form of powerpoints and developed prototypes. First, the most amazing thing was the degree to
which these 35 people, working as small teams, were able to synthesize the information gleaned in a one-hour observation into a unique observation AND a proposed solution framed around the two design challenges: enhance the resident experience, and enable staff to enhance the resident experience. Challenges identified were:

1. "Bluff Country Residents need a more personalized approach to their plan of care in order to achieve a sense of purpose or identity and to improve their quality of life."
2. "Prairie floor residents need to feel part of a community because it enhances their recovery experience."
3. "Personal assistants on the Woodlands unit … need to optimize their work routine … to improve resident care."
4. "The residents and care team need closer relationships with each other because this fosters improved communication, care, and safety."
5. "Personal assistants need longitudinal consistency of care because it leads to a personal connection with residents which leads to better care and less staff frustration."
6. This presentation was entirely in pictures/drawings. The gist of it was that the staff have some very simple tasks to complete which are made more complicated and take an unnecessary amount of additional time to complete (or the time of additional human resources). Think — trying to move a resident in a wheelchair who is sleepy and who does not have footrests.

Prototype solutions from foot slides, to a skateboard tied to one of our documentation carts; a buddy system, to a computer-based software resource program that offers at-a-glance interests and approaches for resident care. I was amazed at the ability of the groups to distill their experiences down into what seemed like very simple solutions. Sometimes, in our positions, we are so attuned to the complex that we sometimes miss the little thing looking us in the face. When faced with a group of staff complaining about how much walking they have to do, how many of us would immediately think to figure out a way to increase mobility without expense of energy? We would more likely focus on the tasks assigned, reassignments, working fewer hours, a conditioning program, etc., etc., etc. Instead, the real issue is how do staff get around the units and the building in a more efficient manner that doesn’t require walking — and isn’t dangerous?

What I learned from this exercise in human design thinking is twofold. Root cause analysis and KISS (keep it simple, stupid). Not rocket science, but a good reminder to me and a fantastic experience for all involved.

Sharon St. Mary
executive director; special projects & strategic initiatives
Good Samaritan Society – Specialty Care Community

Quality improvement: Focusing on meaningful activities

By Melissa Rozsa, ADC

[Note: Care Providers of Minnesota’s Foundation has, for the past several years, sponsored a leadership program called Leading4Life leadership fellowship, under the direction of Dr. Chad Weinstein. Each year the class of fellows develops and implements group as well as individual projects as a part of their leadership growth and commitment to the profession. The following is a project summary from one of last year’s program “graduates” focusing on an area of quality improvement.]

As director of activities for Madonna Living Community in Rochester, I was interested in doing a project that would improve our residents’ quality of living via our activity program.
Our resident and family satisfaction surveys came to mind, as I thought about things we might improve. As we discussed the findings of our surveys we often were aware of some confusion about the wording of the questions. As part of Benedictine Health System (BHS) we use My InnerView as our survey company. On the survey, one of the activities questions uses the phrase "meaningful" in regard to what our activities team is offering.

We have never scored particularly high on this question — usually mid-range. I thought in order to improve on this, it would be beneficial to narrow down and define the term "meaningful." I wanted to find out what the residents understood the term to mean, and then take that knowledge and improve our activity programming accordingly. Then exponentially improve our survey scores.

I wrote a mini-survey with just two questions:

1. What kind of activity is meaningful to you?
2. What could we do to make our activities more meaningful?

I had activity staff help with this by incorporating the questions into their reminiscing events, talking with them about it at coffee time, and during one-to-one visits. I also interviewed several residents myself. We recorded their answers; 22 in the SNF. We did not interview the respite care residents for the most part, as LTC residents would be more likely to participate in the My InnerView survey. I decided to include some of the assisted living residents to get more results, ending with 34 total participants.

Findings:

Many residents offered up music, things from their past, historical events and reminiscing as events that were meaningful, but because we already were doing these things regularly, it wasn't clear what made those particular activities meaningful. We tried to get more in depth with our discussions to narrow it down.

Interestingly, the residents had a difficult time coming to a conclusion or expressing concrete ideas about it. But after compiling the notes I discovered that the idea of "engagement" was a central theme. Residents felt that MOST types of activities were meaningful if they were involved and engaged in what they were doing! So, an activity facilitator who had the ability to ask interesting questions, encourage discussion, motivate and get the residents to participate actively would be successful at this. If not much effort was put into the outcome or involvement, the activity was not meaningful.

We probably all know this on some level, I mean is anyone surprised? No, because we give our evaluations at conferences about speakers that show the same results. So much information can be useful and practical, but if we are not engaged, we don’t get much out of the session or remember it.

So completion of this project will be to really work with our activity staff, training them to be great facilitators and engagers. The results of these findings will be shared with them and used to motivate them.

Melissa Rozsa, ADC
admissions coordinator, Madonna Meadows

All employees have award potential

By Lisa Foss Olson

March 18 is the official kickoff date for the 2013 Care Providers of Minnesota awards program; however, housing members got a little head start on two awards which are exclusive to housing. These awards — the Excellence in Assisted Living Award and Employee of the Year: Assisted Living Award — have an expedited timeline due to their earlier presentation. Unlike the 13 awards which will be presented at the annual convention in November, these two housing awards will be presented at the Assisted Living & Housing Summit in August.

For 2013, award categories are as follows:
For **housing members only** (with a May 3, 2013 deadline; presented at the Assisted Living & Housing Summit)

- Excellence in Assisted Living Award
- Employee of the Year: Assisted Living Award

For **all Care Providers of Minnesota members** (with a May 24, 2013 deadline; presented at Convention)

- Adult Volunteer of the Year Award
- Aide—Caregiver of the Year Award
- Champion Award
- Community Partnership Award
- Dare to Be Great Award
- Dedicated Service Award
- Employee of the Year Award
- Leadership Award
- Life Enrichment Award
- Nurse—Caregiver of the Year Award
- Rising Star Award
- Superstar Award
- Youth Volunteer of the Year Award

For **nursing facility members only** (with a May 24, 2013 deadline; presented at Convention)

- Service of Excellence: James B. Swanson Award

Find award information on the Association’s website under Quality > Awards *beginning March 18, 2013.*

Questions on awards can be directed to Lisa Foss Olson at 952-851-2483 or lolson@careproviders.org.

**Lisa Foss Olson**  
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### 2013 essay contest announced

*By Lisa Foss Olson*

The Quality Council announces their second essay contest for long-term care employees, with the 2013 theme of a "Dear Family Member" letter.

**Dear Family Member: An essay contest for long-term care employees**

This second essay is an opportunity for direct care providers, as well as other non-management staff, to participate in the Quality Council's essay contest.

This year’s theme is a "Dear Family" letter — meaning the essay takes the form of a letter, written to family members whose loved one is just entering a nursing home or assisted living community.

**Awards**

**Grand prize:** $200, plus…

- Essay published in Quality in Action, ACTION, and posted on the Association website
- One Celebration of Caring dinner ticket (at Convention) and acknowledgement in Convention booklet

**Runner-up:** $100, plus…

- Essay published in Quality in Action, ACTION, and posted on the Association website
- Acknowledgement in Convention booklet
Ideas to get you started. You could write about:

- What the first day/days/week will be like
- Introduce yourself and other staff
- Why you enjoy caring for others
- How you will take care of their family member
- What family can do to make the transition easier
- Anything that will calm the anxiety a family member may feel

Some things to keep in mind

- Remember to write in your own voice, based on personal experiences or observations
- To respect privacy issues, please use first names only

Rules for entering your essay

1. Only non-management staff* are eligible.

2. Be sure to include YOUR NAME, WORK PLACE, work address and work phone number on each page; include your own email address, if you have one.

3. Essay should be 300–500 words long.

4. Essay typed or legibly hand written on 8-1/2 x 11 paper.

5. Deadline is Friday, Aug. 2, 2013.

6. The winning essay writer will be notified by their facility/assisted living establishment.

7. Submit your entry either by email or mail.
   - Email to Lisa Foss Olson, lolson@careproviders.org with the subject: Essay Contest
   - Mail entry to:
     Care Providers of Minnesota
     7851 Metro Parkway
     Bloomington, MN 55425
     Attn: Essay Contest

8. For questions on the essay contest, please contact Lisa Foss Olson, 952-851-2483 or lolson@careproviders.org.


*NOTE: Only non-management staff from nursing facilities, assisted living, housing with services, home care, and home health agencies with current membership in Care Providers of Minnesota are eligible to participate.

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CMS ships Hand in Hand training to nursing facilities

By Doug Beardsley

Section 6121 of the Affordable Care Act of 2010 requires the Centers for Medicare and Medicaid Services (CMS) to ensure that nurse aides receive regular training on caring for residents with dementia and on preventing abuse. CMS, supported by a team of training developers and subject matters experts, created this training to address the need for nurse aides’ annual in-service training on these important topics.
The mission of the Hand in Hand training is to provide nursing homes with a high-quality training program that emphasizes person-centered care of persons with dementia, and the prevention of abuse.

CMS has sent the training modules out to every nursing home in the country. Most Minnesota facilities began receiving their training kits in late January 2013. It is difficult to miss, as the training is packaged in almost a five-inch thick three-ring binder!

The Hand in Hand training resources contain the following:

- Instructors Guide
- Module 1: Understanding the world of dementia — the person and the disease
- Module 2: What is abuse?
- Module 3: Being with a person with dementia — listening and speaking
- Module 4: Being with a person with dementia — actions and reactions
- Module 5: Preventing abuse
- Module 6: Being with a person with dementia — making a difference

Each module has instructor's directions to accompany the included DVD training. The DVDs are NOT produced as a tool to just put in front of staff; rather they accompany instructor facilitated dialog. The training kit also contains a list of additional resources. It is anticipated that all six modules will take almost eight hours to complete.

These training tools are not required to be used by providers. However, nursing home providers must use some training to comply with Section 6121 of the Patient Protection and Affordable Care Act (PPACA) of 2010, amending Sections 1819(f)(2)(A)(i)(I) and 1919(f)(2)(A)(i)(I) of the Social Security Act, which requires that facility level nurse aide training includes initial and annual training on:

1. Dementia management
2. Patient abuse prevention

Providers may use the Hand in Hand training, training provided by the Alzheimer's Association, training integrated with their learning management system such as Silverchair Learning or EduCare Training Systems by Mirabelle Management (both Care Providers of Minnesota associate members), or other training programs that satisfy the two required elements.


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Have scheduled data reports emailed to you with LTC Trend Tracker™

By Todd Bergstrom

LTC Trend TrackerSM software (LTCTT) is free for members and offers many quality, utilization, and cost measures. Importantly, users are able to select the measures they want to track and create their own custom reports. The report scheduler allows a user to schedule reports in advance and have the reports emailed on a regular basis.

Reports that users may create include:

Quality improvement
Resources available from Partnership to Improve Dementia Care

By Patti Cullen, CAE

According to the Alzheimer’s Association, Minnesota’s population of people living with Alzheimer’s disease is expected to double over the next 30 years, to 200,000 people. One in eight persons over 65 has the disease as do nearly half of those over 85. The Minnesota Partnership to Improve Dementia Care was established to improve the quality of life and quality of care for Minnesotans with dementia and their caregivers. This statewide coalition, which includes participation from Care Providers of Minnesota staff, is working across the continuum of care to forge partnerships, increase coordination, and share best practices among care providers. More specifically the Minnesota Partnership to Improve Dementia Care aims to:

- Identify opportunities to improve services and support to individuals with dementia and their caregivers.
- Support providers and caregivers in their efforts to decrease unnecessary antipsychotic medication use by focusing on a better understanding of the root causes of dementia-related behaviors.
- Identify current activities in our state related to dementia care to avoid duplication and enhance efforts.
- Identify expertise, knowledge, and evidence-based resources to improve dementia care — particularly those that offer alternatives to antipsychotic medications.
- Assure that dementia-care resources and tools are widely disseminated and easily accessible to individuals, providers, and caregivers.

Numerous resources, such as a provider self assessment tool, suggestions for quality improvement, and questions to consider in individual dementia care cases can be found on the specific Partnership page of the Stratis Health website at http://www.stratishealth.org/providers/dementia.html.

AHCA/NCAL releases two new quality initiative tools

By Doug Beardsley

The American Health Care Association (AHCA) and the National Center for Assisted Living (NCAL) recently released two new sets of tools to support member quality initiatives. The tools help support the AHCA/NCAL initiatives to **safely reduce the off-label use of antipsychotics** and to **increase staff stability**. The two new tools are summarized below:

**Safely reduce the off-label use of antipsychotics**

**Clinical Considerations of Antipsychotic Management Toolkit** — This resource uses a process framework to identify care objectives and expectations and offers tools and resources to help providers successfully manage antipsychotic medication use at the resident and facility level. The guide focuses on seven critical steps needed to ensure quality outcomes that are successful and continuous. The seven areas encompass:

1. **The nursing process approach** (AHCA/NCAL members-only content, login required): The nursing process approach details the steps nurses need to take before contacting the physician to discuss possible gradual dose reduction/tapering for antipsychotics used in an off-label manner. The process outlines the information nurses need to collect and analyze in order to make critical decisions about next steps.

2. **The antipsychotic drug SBAR** (AHCA/NCAL members-only content, login required): The antipsychotic drug SBAR is a tool for clinical staff to use to gather and organize the information needed in preparation for physician discussion about potential tapering for antipsychotic drug off-label use. Completed SBARs offer a method to document nurse/physician communication and recommendations and are a component of the individual’s medical record.

3. **Dementia Beyond Drugs**: This book provides guidance and practical approaches to person-centered care for persons with dementia to reduce the use of antipsychotic drugs. (Book is available for purchase.)

4. **CARES**: Designed for staff and caregivers, this online program provides training on person-centered care, the changes that happen to thinking skills as dementia progresses, how those changes impact behavior, and more. (Access to the program is available for purchase on an individual or facility-wide basis.)

5. **Improving Antipsychotic Use in Patients with Dementia**: This webcast describes a clinical decision aid and toolkit to help inform clinical decisions regarding the use of antipsychotics.

6. **Improving Antipsychotic Appropriateness in Dementia Patients (IA-ADAPT) website**: Developed with the support of the Agency for Healthcare Research and Quality, the IA-ADAPT website helps clinicians, providers, and consumers better understand, assess and address challenging behaviors in people with dementia using evidence-based approaches. It includes user-friendly resources such as brief videos, written content, quick reference guides for clinicians and providers, and information for families or patients on the risks and benefits of antipsychotics for people with dementia.

7. **The Advancing Excellence in America’s Nursing Homes Campaign**: The Advancing Excellence in America’s Nursing Homes Campaign has resources to help you reduce the use of antipsychotics.

**Increase Staff Stability**

**Workforce Toolkit: 4 Key Strategies to Retain New Hires and Reduce Employee Turnover** — This resource guide identifies key person-centered strategies to reduce employee turnover and provides tools to help long-term care providers successfully interview, hire, monitor/evaluate/mentor, and retain staff. The guide focuses on four main strategies with additional tools and resources:

**Introduction & Leadership Responsibilities**

**Strategy 1**: Interviewing New Candidates — Employee Participation

**Strategy 2**: Behavioral Based Interview Questions
Strategy 3: Performing 30 – 60 – 90 Day Review

- Form: 30 – 60 – 90 Feedback by New Employees
- Form: 30 – 60 – 90 Supervisor Evaluation of New Employee

Strategy 4: Walkabouts/Rounding on Direct Reports

- Form: Walkabout/Rounding Staff Log

Additional tools available on the website include:

- **Cost of Turnover Calculator (Excel spreadsheet)**
- **Improving Staff Satisfaction: What Effective Leaders are Doing**: This guide provides practical ideas on how to address the four most important factors that drive staff satisfaction.
- **Caring for our Caregivers**: This toolkit, developed by AHCA/NCAL, provides resources and tools to address workforce issues and enhance the workforce environment.
- **Gero Prep Program**: This online gerontological certification training is provided by AHCA/NCAL and the University of Nebraska Medical Center, College of Nursing. (This program is available for purchase.)
- **Advancing Excellence in America’s Nursing Homes Campaign**: The Advancing Excellence in America’s Nursing Homes Campaign has resources to help you analyze the root cause of staff turnover, and resources to help track and increase staff stability.

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Nursing home antipsychotic use

*By Todd Bergstrom*

One of the American Health Care Association’s (AHCA) Quality Initiative goals is to safely reduce the off-label use of antipsychotic drugs by 15 percent. Recently AHCA provided Care Providers of Minnesota with a state, region 5, and national comparison for number of F-329 tags (unnecessary medications) cited.

The following chart compares Quarter 4, 2011 through Quarter 2, 2012 and Quarter 1, 2012 through Quarter 3, 2012.
Our journey to the Bronze Award — the application process

By Marcia Hamilton Cotter

PSC is a smaller assisted living provider that serves the metro area. We operate six smaller residential care facilities in the Twin Cities area and a home health care agency.

The application process for the AHCA/NCAL Bronze Quality Award last year was a bit daunting and challenging due to the clinical nature of the requirements, BUT … the good news is that the criteria have recently been "tweaked" to be much more appropriate for assisted living providers.

Our organization found it to be a great learning experience; we discovered we had many indicators and excellent data already available to us through our current quality assurance program.

However this process gave us a great opportunity to break off into work groups that were responsible for data collection and analysis. It also gave us the opportunity to determine what it would take to make our processes and systems better. We know that this ultimately affects the kind of care our clients receive every day, and that is directly in line with our mission and value statements.

I don’t know if, as an organization, we would have had the insight to make the changes to some of these processes, had we not judged them under the scrutiny of the Baldrige criteria.

When doing this it requires participants to develop performance measures and outcomes that are specific to indicators that directly impact care delivery.

As a result our organization was able to make significant improvements. The application process is well worth the work that was required to obtain this award. We would recommend the process to any organization seeking to improve services. The shiny award that will adorn your walls is an extra added bonus!

Marcia Hamilton Cotter
CEO/president, PSC - Parkinson’s Specialty Care

NCAL will partner with a patient safety organization in 2013
By Jill Schewe

In a recent memo from NCAL, Lindsay B. Schwartz Ph.D., director of workforce and quality improvement programs, announced that NCAL will be partnering with the New Jersey Hospital Association’s Institute for Quality and Patient Safety, a federally certified patient safety organization (PSO).

The NJHA’s patient safety organization will assist NCAL in collecting Tier II Clinical Performance Measures from members. Patient safety organizations serve as independent, external experts who can collect, analyze, and aggregate patient safety work products locally, regionally, and nationally to develop insights into the underlying causes of patient safety events.

Communications with PSOs are protected to allay fears of increased risk of liability because of collection and analysis of adverse patient events. NCAL will provide more information about their progress when the contract is finalized.

Below are NCAL’s Tier II Clinical Performance Measures that will be collected with the PSO:

Falls
1. Number of falls in the last 30 days.
2. Number of residents who required admission to the hospital due to a fall within the last 30 days. (Exclude ER visits with no admission, and observation stays.)

Pain management
3. Number of residents identified reporting daily pain is not relieved with medication.

Pressure ulcers
4. Number of residents with pressure ulcers (Stage 2 or higher) acquired in the assisted living community in the past 30 days.

Infection control
5. Number of residents with in-house acquired urinary tract infections (UTIs) in the last 30 days.
6. Number of residents receiving a current seasonal influenza vaccine.
7. Number of residents documented receiving the pneumococcal vaccine.

Medication management
8. Number of residents with medication errors (all causes) in the last 30 days.
9. The prevalence of off-label use of antipsychotics in residents.

Hospitalizations
10. Number of residents discharged from the hospital to assisted living and readmitted to the hospital, unplanned, within 30 days.
11. Number of hospitalizations in the past six months.

Elopements
12. Number of documented cases of elopement in the last 30 days.

Depression
13. Number of current residents that were screened for depression.

Advance care planning
14. Number of current residents who have written advance directives on file in the assisted living community.

**End-of-life care**

15. Number of residents receiving end-of-life, palliative, or hospice care.

**Demographic questions to be added to survey:**

1. Current number of residents.
2. Number of residents with a diagnosis of dementia.
3. Number of residents with a mental health diagnosis other than dementia or depression.
4. Number of residents with an intellectual disability or developmental disability.
5. Average age of residents.
6. Is the community rural or urban?

For more information you can contact Lindsay B. Schwartz at lschwartz@ncal.org or 202-898-2848 or Jill Schewe at jschewe@careproviders.org.

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