When did quality move to performance excellence??

By Gail Sheridan, chair, Quality Council

Over the course of the next year you will gradually be seeing a change in the Association’s mission statement as we “phase out” the use of our former mission statement of: “Empowering Members to Excellence through advocacy, education, expertise, resources and support.” At a recent strategic planning retreat we proposed to simplify our mission statement so we could all remember it and incorporate it into the work of the Association: Empowering Members to Performance Excellence! We know we need to explain the terminology change to members, so consider this the first opportunity to explain why “performance excellence” was chosen.

A few years ago the Baldrige National Quality Program was renamed the Baldrige Performance Excellence Program. What’s the significance of the name change? What’s the difference, if any, between “quality” and “performance excellence”? They made the name change expressing the belief that the definition of “quality” has changed over the last couple of decades. It has become a term frequently overused yet undefined. The term “performance excellence” suggests a more holistic approach than does "quality."

According to Baldrige, performance excellence refers to an integrated approach to organizational performance management that results in

- Delivery of ever-improving value to customers and stakeholders, contributing to organizational sustainability
- Improvement of overall organizational effectiveness and capabilities
- Organizational and personal learning

In 2012, the Minnesota Council on Quality also changed their name to the Performance Excellence Network (PEN). The PEN Mission is: charting the course for continuous improvement and performance excellence. PEN helps leaders identify strengths and improvement opportunities and builds networks that bring information, resources, knowledge, and best practices to organizations desiring to improve.

We determined in our Association’s strategic planning that it is far more important to advance a memorable mission statement than to delineate the tools or programs (advocacy, education, expertise, resources and support) within the Association. We hope you agree with this change, and look forward to future discussions on this topic.

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

AHCA/NCAL Quality Symposium a success

By Doug Beardsley

The AHCA/NCAL 6th Annual Quality Symposium held February 10–12 in New Orleans, Louisiana was a great success. Attendance reached almost 550 registrants this year, more than 100 over the 2013 attendance. I had the pleasure of attending the symposium for the second year in a row.

I began the conference with a four hour "symposium intensive" titled: QAPI Boot Camp: Meeting QAPI Head-on! Of course the main question was not "how" but "when." Unfortunately this question remains unanswered. CMS has hinted that the proposed regulations may be published in the Federal Register in March 2014, but to date, many of the CMS QAPI deadlines have not been met … so who knows? The intensive focused on the differences between QAPI and Quality Assurance, quality improvement processes such as PDCA, tools such as Root Cause Analysis (fishbone diagrams, the five whys, etc.), and small group exercises. Of course the program did not include how surveyors would be surveying for compliance with QAPI, as that simply is not yet known.
Other highlights of the program for me included:

- A meeting with other AHCA state affiliate staff with similar responsibilities as mine
- A meeting with Randy Lindner — the president and CEO of NAB (National Association of Long Term Care Administrator Boards), Randy Snyder — executive director of BENHA (Minnesota Board of Examiners for Nursing Home Administrators), Dr. David Gifford — senior vice president for quality and regulatory affairs at AHCA, and some invited AHCA state affiliate CEOs to discuss possible sample state language to enable reciprocity for nursing home administrators between complying states and a possible "super license/certificate" for Health Care Executive that would cover the management of nursing homes, home and community-based services, and residential care/assisted living.
- Public recognition of Minnesota’s 2013 AHCA/NCAL Quality Initiative achievers
- A breakout discussing effective, interdisciplinary discharge planning and transitions of care — which focused on the success of using the Interact tools to reduce rehospitalizations
- Reviewing the poster sessions — including one from Minnesota’s own Tealwood Senior Living outlining their success in implementing a comprehensive wellness program in nursing homes
- Inspiring opening and closing sessions

The 2015 AHCA/NCAL Quality Symposium will be held Feb. 23–25 in Austin Texas … mark your calendars!

**Doug Beardsley**

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**Next generation of quality the focus of 2013 Quality Symposium**

*By Cheryl Smith*

On April 22, Care Providers of Minnesota will present its third Quality Symposium at the Northwest Marriott. The theme is the Next Generation of Quality. The Symposium includes more than 13 hours of education from which to choose.

Here is what we have in store for you:

Dr. David Gifford, senior vice president of quality and regulatory affairs, American Health Care Association/National Center for Assisted Living will once again be our opening keynote speaker updating us on national quality efforts and how Minnesota quality initiatives are doing.

Paul Grizzell, president, Core Values Partners will be the morning’s plenary speaker. His presentation — Compliance to Excellence: Moving from ‘Have to…’ to ‘Want to…’ — will discuss the elements of a successful business excellence initiative. An effective business excellence initiative begins with leadership commitment to a culture of excellence, characterized by the Baldrige Criteria for Performance Excellence "Core Values."

The closing keynote speaker, Sarah Sladek will address Generations@Work. A core challenge over the next decade will be to attract and retain a skilled workforce. This situation is exacerbated as companies find themselves managing four generations — each with their own distinct values and attitudes toward work. To successfully integrate these generations into the workplace, companies will need to embrace radical changes in recruitment, benefits, and culture. This keynote will show you how to successfully foster a culture of collaboration, acceptance, and productivity.

The symposium with also have three tracks of breakout sessions including:

**Creating a Better Organization through the Bronze Award Process — It Is Not About the Plaque**

While awards and recognition are nice, the benefits an organization receives by going through the Bronze Award process are so much more than a plaque. The awards process helps organizations build systems and understand the importance of the awards criteria.

Timothy Case MA, MS.Ed, administrator
AHCA/NCAL National Quality Award Program
Safe Transitions of Care and Patient/Resident/Family Engagement
This session will explore the work of Minnesota’s broad-based safety coalition, the Minnesota Alliance for Patient Safety (MAPS), as it seeks to ensure “Safe Care Everywhere.” Specifically, this session will describe the work MAPS has done to improve safety at transitions of care by engaging individual residents, clients, patients, consumers and families, an often-overlooked component in safety improvement work.
Marie Dotseth, executive director
Minnesota Alliance for Patient Safety

Resident Centered Care Connections
CareChoice was awarded a three-year PIPP grant to develop a resident-centered system of care transition called "Resident Centered Care Connections" (RCCC). RCCC empowers residents and their families as they navigate chronic/complex medical issues, improves and integrates care transition processes across health care settings, and reduces unnecessary hospital readmissions.
Susan Peterson, project director
CareChoice Resident Centered CareForce Development

Choosing the QAPI Methodology That Fits Your Organization
This session will introduce attendees to various types of process improvement methodologies, including Plan Do Study Act (PDSA), LEAN, Six Sigma, and others. The presenters will also provide an overview of the tools available to support each methodology and learn how to select and apply the appropriate process improvement method to their organization.
Chris Boldt, vice president, long-term care operations
Benedictine Health System
Jeri Reinhardt, director, quality
Benedictine Health System

Measuring and Improving Satisfaction — Care for Your Clients or Someone Else Will
If you don’t take care of your customers, someone else will. Just like any other business, long-term care providers must ensure that the customer is king. Research shows that providers with the highest rates of satisfaction perform better in other organizational indicators including staff stability, staff retention, survey results, census, and cash flow. Providers can take steps to ensure customer satisfaction is being met by measuring customer satisfaction and using satisfaction data to prioritize quality improvement needs and act on them. This session will discuss measuring satisfaction and collecting data that leads to real, strategic solutions that drive tactical plans. If you don’t measure it, you can’t manage it.
Jeri Meola, president
SMS Research Advisors

Preparing for Quality Assurance and Performance Improvement
A nursing home that has a Quality Assurance and Performance Improvement (QAPI) culture implements quality in a systematic, comprehensive, data-driven and proactive approach. How can nursing homes engage the whole organization in a self-sustaining approach to improve safety, quality of life, quality of care and services? In this session, Stratis Health, the Minnesota Quality Improvement Organization (QIO) will share the most up-to-date resources and tools to help your nursing home prepare for and implement QAPI.
Dr. Jane C. Pederson, MD, MS, director of medical affairs
Stratis Health

Furthering Your Organization’s Quality Journey
Now that your organization has earned its Bronze Award, what is the next step to advance your quality initiatives? The Silver Award process builds upon your existing quality foundation and moves you to advancement.
Timothy Case MA, MS.Ed, administrator
AHCA/NCAL National Quality Award Program
Christopher G. Krebsbach, director of operations
Tealwood Senior Living
New dementia care training launched at AHCA/NCAL Quality Symposium

By Patti Cullen, CAE

HealthCare Interactive announced the launch of the new CARES® Activities of Daily Living™ (ADL) Online Dementia Care Training Program at the American Health Care Association (AHCA)/National Center for Assisted Living (NCAL) 6th Annual Quality Symposium. Through interactive features and real-life videos, long-term care professionals learn thoughtful and effective ways to make life less stressful for both the person living with dementia and the caregiver.

"With one of our national Quality Initiative goals being the reduction of antipsychotic medications in long-term care centers, the CARES ADL program is an essential tool to find innovative ways to care for those living with dementia," said Dr. David Gifford, AHCA's senior vice president of quality and regulatory affairs and a geriatrician. "AHCA/NCAL is honored to partner with the Alzheimer’s Association and HealthCare Interactive to bring this exciting new program to nursing and assisted living professionals around the country at our quality event of the year."

"Quality dementia care can only be delivered by well-trained professionals," said Michelle Barclay, HealthCare Interactive vice president. "HealthCare Interactive and AHCA/NCAL are committed to ensuring that residents with Alzheimer’s disease and related dementias receive the highest quality care in assisted living and other long-term care settings across the country, and that’s why the AHCA/NCAL Quality Symposium is the perfect place to launch this new dementia training."

HealthCare Interactive created CARES Activities of Daily Living, a series of innovative, online dementia care training modules, to help professional caregivers better understand how to make routine tasks, such as getting ready for the day, more pleasurable for people living with dementia. CARES Activities of Daily Living is a comprehensive 10-module (10-hour) program that covers all aspects of ADL training. Features such as "Using the CARES® Approach" and "Applying the CARES® Approach" show how person-centered care can make activities of daily living easier, meaningful, and more rewarding.

The 10 modules of Activities of Daily Living include:

1. Dementia and the CARES® Approach
2. Creating Meaning in Activities of Daily Living
3. Recognizing and Managing Pain
4. Bathing
5. Dressing
6. Eating
7. Grooming
8. Mouth Care
9. Using the Bathroom
10. Mobility, Transferring, and Positioning

The issue of training caregivers to provide quality dementia care in our various membership settings has been identified as a top issue by Association leadership for 2014. Working with our online education partner Relias Learning as well as this new initiative, we are hopeful our members will all have access to quality and affordable training opportunities beginning this year. (Relias Learning last year announced their online Alzheimer’s and dementia series that includes 28 courses to address the care demands of residents with these conditions, and provide support by reducing frontline staff and caregiver strain in skilled nursing, assisted living, and home care and hospice organizations.) In addition to resources available from HealthCare Interactive and/or Relias Learning, Care Providers of Minnesota is pleased to be bringing nationally-renowned expert Teepa Snow back
to Minnesota for a day of dementia training on June 24.

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Donna's Diary — A quality improvement best practices diary

By Doug Beardsley

There are a lot of quality improvement resources available to providers, but very few are interactive. Stratis Health, Minnesota’s Quality Improvement Organization, continues to develop and support a website called "Donna’s Diary" — a website-based portal for providers to share success (and frustration) stories categorized by quality improvement topic.

Donna’s Diary is an online diary of Donna Casey, a fictitious director of nursing (DON) at River View Rehabilitation and Care Center, a fictitious Minnesota nursing home that is working to implement quality assurance performance improvement (QAPI) practices.

Yes, the nursing home and the people in the diary are fictitious. However, the challenges described through the diary entries are very real. They are the challenges nursing homes like yours face day in, day out. The solutions posed here also are very real. They are based on best practices.

The aim is to ensure that every nursing home resident receives the highest quality of care and has their highest quality of life. We also want quality of life to improve for you — the folks working in the nursing home, as well as the family and loved ones of the residents.

The diary provides a way for the nursing home community to easily share ideas in response to the case examples presented.

Nursing homes can use this diary forum to:

- Ask questions of Stratis Health and the nursing home community
- React to new QI ideas — sharing barriers and potential solutions
- Process your thoughts
- Share your own experiences — both successes and challenges
- Make suggestions for resources you have found helpful

The diary entries can also be used as case studies to facilitate discussion and learning within nursing homes:

- For discussion at staff meetings
- When providing staff education related to one of these specific topics
- For learning opportunities during staff orientation
- To enhance staff critical thinking and problem solving skills
- For implementing QAPI principles

Categories of diary topics include:

- Advance Directives
- Alarms/Falls/Mobility
- Antipsychotics
- Consistent Assignment
- Dementia Related Behavior
- Hospitalizations
- Incontinence
- Just Culture
- Pain
- Person-Directed Care
Pressure Ulcers
QAPI
Resident/Family Satisfaction
Staff Stability
Urinary Tract Infections
Weight Loss/Dining

Sound interesting and valuable? Check it out at http://donnashn Diary.org/.

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Journal article refutes research connecting staffing and quality of care

By Patti Cullen, CAE

In an article published online in JAMDA* in February, the following abstract was highlighted on the lack of connection between quality of care and staffing levels:

Abstract summary: The relationship between nurse staffing and quality of care (QoC) in nursing homes continues to receive major attention. The evidence supporting this relationship, however, is weak because most studies employ a cross-sectional design. This review summarizes the findings from recent longitudinal studies.

Methods: In April 2013, the databases PubMed, CINAHL, EMBASE, and PsycINFO were systematically searched. Studies were eligible if they (1) examined the relationship between nurse staffing and QoC outcomes, (2) included only nursing home data, (3) were original research articles describing quantitative, longitudinal studies, and (4) were written in English, Dutch, or German. The methodological quality of 20 studies was assessed using the Newcastle-Ottawa scale, excluding two low-quality articles for the analysis.

Results: No consistent relationship was found between nurse staffing and QoC. Higher staffing levels were associated with better as well as lower QoC indicators. For example, for restraint use both positive (i.e., less restraint use) and negative outcomes (i.e., more restraint use) were found. With regard to pressure ulcers, we found that more staff led to fewer pressure ulcers and, therefore, better results, no matter who (registered nurse, licensed practical nurse/licensed vocational nurse, or nurse assistant) delivered care.

Conclusions: No consistent evidence was found for a positive relationship between staffing and QoC. Although some positive indications were suggested, major methodological and theoretical weaknesses (e.g., timing of data collection, assumed linear relationship between staffing and QoC) limit interpretation of results. Our findings demonstrate the necessity for well-designed longitudinal studies to gain a better insight into the relationship between nurse staffing and QoC in nursing homes.

You can purchase the full article from JAMDA at http://www.jamda.com/article/S1525-8610(13)00796-2/abstract.

*JAMDA is the official journal of AMDA – Dedicated to Long Term Care Medicine (formerly the American Medical Directors Association). JAMDA covers topics such as geriatric medicine, dementia and cognitive impairment, rehabilitation, chronic comorbid conditions, the frail elder, medication management and prescribing issues, multi-resistant organisms and infectious diseases, falls prevention, assisted living risks and challenges, as well as health policy, outcomes evaluation and guidelines for administrators, physicians and staff who work in long-term care and rehabilitation sites.

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Minnesota has one of its own in "20 To Watch"
For the second year in a row, the American Health Care Association’s PROVIDER magazine has featured "20 to watch" in long-term care. These 20 individuals are exemplary examples of what’s best in long-term and post-acute care.

PROVIDER’s 20 to Watch identifies individuals who have both the compassion and the vision to make a lasting impact on the profession. These are individuals who are on the rise and worthy of "watching."

In February, six honorees were featured, including Care Providers of Minnesota’s member Deborah Bradley, director of spiritual care, St. Crispin Living Community, Red Wing.

Deborah, who worked for the Catholic Church for 24 years before taking her current position, states she has the job of her dreams, and all is right with the world. Commented Jacob Goering, CEO/administrator at St. Crispin. "Debby’s interdisciplinary team approach of providing spiritual support includes compassion, kindness, candor, forthrightness, humor, and contagious energy and warmth," he says. "She has an inexpressible way of helping residents and families by using her approaches, natural abilities, and instinctually recognizes how to provide healing and comfort."

Find out more about why Deborah is one to watch here (her profile is on page five of the online article).

QIO work to change significantly in 2014

By Patti Cullen, CAE

Currently long-term care providers in Minnesota are familiar with Stratis Health, the state’s Medicare quality improvement organization or QIO. For years Stratis Health has led a variety of initiatives under contract with the Centers for Medicare and Medicaid Services (CMS) such as Medicare beneficiary complaint reviews, Minnesota Partnership to Improve Dementia Care, or contracting for various quality improvement initiatives. Well, the status quo will be changing this year. In December 2013 the federal government issued a new request for proposals for core components of the QIO Program that introduced a whole new set of acronyms for us to follow!

Quality Innovation Network (QIN)-QIOs

QIN-QIOs will perform a vast range of quality improvement services across the spectrum of the health care delivery system. A series of QIN-QIOs will work across the country to facilitate large-scale, widespread improvements in care delivery for Medicare beneficiaries.

Beneficiary and Family Centered Care (BFCC)-QIOs

Five BFCC-QIOs across the nation will perform BFCC-related services for designated areas across the nation. In particular, BFCC services include case reviews, quality of care reviews, diagnosis-related group (DRG) reviews, EMTALA reviews, appropriateness of setting reviews, medical necessity reviews, readmission reviews, Physician Acknowledgement Statement monitoring, appeals and sanctions.

Program Collaboration Center (PCC)

The PCC will provide overall national coordinating services for the QIO program as a whole and all QIO contractors. The PCC contract shall include, but is not limited to, the following work: strategic integrated communications about the QIO Program and its associated projects/tasks; helping QIOs report data and helping CMS analyze and interpret those data to assess program progress; providing support for all QIO Learning and Action Networks; and coordinating training opportunities for national-level QIO training.

National Coordinating Centers (NCCs)

The NCCs provide direct support services to QIOs and their responsibilities shall include, but not be limited to, coordinating program activities, as well as providing assistance to QIOs for BFCC activities and quality
improvement activities. Specifically, one NCC will focus on BFCC activities while the other focuses on QIN, which includes better health care at the population level, and better health for individuals.

**Value Incentive and Quality Reporting Centers (VIQRCs)**

Six VIQRC contractors will each focus on one facet associated with providing quality of care information to Medicare beneficiaries and improving quality of care through measurement and surveillance.

**Independent Evaluation Center (IEC)**

As a separate contractor, the IEC will provide impartial and unencumbered evaluations which shall include, but are not limited to, overall QIO program impact.

The biggest change with the recent RFP is the splitting of the historical functions of quality and beneficiary complaint reviews. The core components of QIO work are now separated, so there was one RFP for the BFCC-QIO and a separate one for the QIN-QIO. Organizations cannot serve as both, so Stratis Health needed to decide which core program to keep and what program to give up when they responded to the RFP. Under the BFCC-QIO, the country is divided into 5 regions — Minnesota is in Region 4, which is the 10-state Midwest/Central states region.

The QIN-QIO contracts are to include 3-6 states, and last for five years. Stratis Health decided to join with two other QIOs to respond to the QIN-QIO rather than the BFCC-QIO. Their three state proposal — labeled the Lake Superior QIO — will include the QIOs from Minnesota, Wisconsin and Michigan. They should know by late spring whether their proposal was accepted; the new contracts will begin August 1, 2014.

The Quality Innovation Network (QIN) request for proposal included several core focus areas, which will dictate the work of this network for the next five years:

1. Healthy People, Healthy Communities: prevention and treatment of chronic disease such as reducing disparities in diabetes care;

2. Better Health Care for Communities: patient safety such as improved care coordination and reduction of healthcare-acquired conditions in nursing homes;

3. Better Care at Lower Cost through value-based programs; and

4. Other Technical Assistance — a wide open category for emerging issues

**Time to pick a quality process improvement tool**

*By Patti Cullen, CAE*

The following is an excerpt from a blog written last year by Brian Lassiter, president of Performance Excellence Network (formerly Minnesota Quality Council). Why are we sharing this information with you now?? Both nursing facilities and home care will need to be implementing a quality improvement program beginning this year. For home care, it is now a part of the new home care survey process; for nursing facilities this requirement will be a central component of the forthcoming QAPI requirements. Although we have noted before the various options, we want to be sure to repeat this information and encourage members to pick one — any one — of the process improvement tools noted below and start practicing with it now!

In selecting process, operational, and enterprise improvement tools, sometimes it feels like alphabet soup — there are so many tools for so many purposes. The trick is in picking the right tool(s) for the circumstances in which you operate, the problems you are trying to solve, and the outcomes you are trying to achieve.
Consider this a handy primer on process improvement tools:

**A3 Problem Solving**: A3 is a structured problem solving approach. The term "A3" derives from the paper size used for the report, which is the metric equivalent to 11” x 17” paper size. A3 helps structure and understand the problem, then convey potential solutions and interventions. As such A3 also is a handy communication tool for project management.

**Control Chart**: According to ASQ, the control chart is a graph used to study how a process changes over time. A control chart always has a central line for the average and an upper and lower control limit, which are determined from historical data. By comparing current data to these lines, you can draw conclusions about whether the process variation is consistent (in control) or unpredictable (out of control, affected by special cause variation).

**Fishbone Diagram**: A Fishbone Diagram (also Fishbone Analysis, Cause and Effect Analysis, or Ishikawa Diagram) is a tool used to identify many possible causes for an effect or problem. It can be used to structure a brainstorming session, and it can immediately sort ideas into useful categories.

**Flowchart**: A flowchart (also process flow or process map) is a picture of the separate steps of a process in sequential order. It includes activities, decision points, inputs and outputs, and sometimes people involved and/or time. Flowcharts can be of all types of processes, including manufacturing, service, project plans, administrative tasks, and so forth. Seeing the flow can clarify steps and roles and can identify improvement opportunities.

**Histogram**: In statistics, a histogram is a graphical representation of the distribution of data. It is an estimate of the probability distribution of a continuous variable and is a representation of tabulated frequencies, shown as adjacent rectangles. Histograms give a quick visual of frequencies of occurrence. See Pareto for a special type of Histogram.

**Hoshin Kanri Planning**: Japanese-style Hoshin Kanri is a proven method for developing, deploying, and accomplishing strategic objectives. Hoshin Kanri (also called Policy Deployment) is a method for ensuring that the strategic goals of an organization drive progress and action at every level within that organization.

**Interrelationship Diagraph**: Also called Relations Diagram, this tool shows the cause and effect relationships — the natural links between different aspects of a complex situation.

**Lean**: According to the Lean Enterprise Institute, the core idea of Lean is to maximize customer value while minimizing waste. Simply, Lean means creating more value for customers with fewer resources. Lean originated, essentially, from the Toyota Production System, and many tools sit under the Lean methodology, including 5S (a simple way to organize work), Value Stream Mapping (a tool used to visually map current and future state flow), Mistake Proofing Poka Yoke (design error detection and prevention with the goal of zero defects), Failure Modes Effect Analysis (FMEA), Kanban (a method of regulating flow), Kaizen (a method where employees work together to achieve regular, incremental improvements in the process), and many others.

**Pareto Chart**: Sometimes called Pareto Diagram or Pareto Analysis, a Pareto Chart is a bar graph that shows frequency of events (or time, cost, or other variables), arranged with the longest bars on the left and the shortest on the right. In this way, the chart visually depicts which situations occur the most frequently and therefore may be the most significant. A simple analysis tool for prioritizing.

**PDCA (or PDSA)**: This is an iterative methodology for designing and implementing improvements, where P is Plan (design the improvement), D is Do (implement and pilot/test the improvement), C is Check or S is Study (verify whether expected results are achieved), and A is Act (review, assess, fully roll out and then repeat). This concept is the fundamental basis for the deployment of all quality tools, and needs to be an integral part of management decisions. So whether you are using ISO, Baldrige, Lean, Six Sigma, or any number of other improvement tools and frameworks, knowing PDCA will give you the foundation for systematic improvement.

**Quality Function Deployment** (QFD): This tool is a method for carefully listening to the voice of your customer, and then effectively responding to those needs and expectations. First used in Japan in the 60s, QFD began to
Root Cause Analysis: This is a problem solving approach that focuses on identifying and resolving the underlying problem(s) instead of applying "quick fixes" that only treat immediate symptoms of process problems. A common approach is to ask "why" five times, each time moving a step closer to discovering the true underlying problem. For example, our system was down for two hours last week, causing service issues with customers. Why? Because the servers where down due to a power outage. Why? Because the utility company had unscheduled downtime and we did not have an alternative plan. Why? Our generator broke two weeks ago and repairs weren't scheduled until next week. Why? Because our contract with the generator service company wasn't robust enough to require faster response. Solution: change the contract with the generator company so that we are never without a Plan B for power outages.

Run Chart: A run chart is used to monitor the behavior of a variable over time for a process or system. Run charts graphically display cycles, trends, shifts, or non-random patterns in behavior over time. They can help identify problems and the time when a problem occurred, or monitor progress when solutions are implemented.

Scatter Diagram: The scatter diagram graphs pairs of numerical data to look for a relationship between them. If the variables are correlated, the points will fall along a line or curve. The better the correlation, the tighter the points will hug the line.

Visual Controls: Visual controls are a system of signs, information displays, layouts, material storage and handling tools, color-coding, and poka-yoke or mistake proofing devices. These controls fulfill the old fashioned adage: a place for everything and everything in its place. The visual control system makes product flow, operations standards, schedules and problems instantly identifiable to even the casual observer. Visual control methods aim to increase the efficiency and effectiveness of a process by making the steps in that process more visible.

Find more information about PEN at http://performanceexcellencenetwork.org/.

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Annual quality report highlights dementia training

Care Providers of Minnesota recently published its annual Quality at Work report. Taking a different path from previous years’ reports, Quality at Work: 2013 highlights the many areas of members’ quality work, but has a special focus on one major issue — dementia training.

Member excellence also has a primary spot in this year’s report, with photos of this year’s state and national award winners — and 2013’s essay contest winner.

Please take a look at the report and see the quality journey that Care Providers of Minnesota’s housing and nursing facility members made in 2013.

For print copies, please contact the Association at 952-854-2844.

Nursing Facility Quality Improvement Incentive Payment Program — It pays to have performance Excellence!

By Todd Bergstrom

The 2013 legislature created a new Quality Improvement Incentive Program (QIIP), which will begin in 2014 and have a corresponding rate increase on Oct. 1, 2015. The language passed by the 2013 legislature states that the Minnesota Department of Human Services (DHS), "shall develop a quality improvement incentive program in consultation with stakeholders. The annual funding pool available for quality improvement incentive payments
shall be equal to 0.8 percent of all operating payments."

Care Providers of Minnesota has received a number of questions regarding QIIP from members. The following questions and answers provide a good overview of the new program:

1: How do I sign my nursing facility up?
DHS is intending to have nursing facilities enroll in the program via the nursing facility provider portal.

2: Do I need to sign a contract or respond via RFP?
QIIP is open to all Minnesota nursing facilities that participate in Medicaid. An RFP or contract will not be used.

3: How does the incentive payment program work?
Nursing facilities will select one Quality Indicator or one Quality of Life Domain prior to April 1, 2014. Nursing facilities will then work on improving their selected Quality Indicator or Quality of Life Domain for the measurement period April 1, 2014–March 31, 2015. Based on their specific performance during the measurement period, nursing facilities will receive a rate adjustment on Oct. 1, 2015.

4: How are the performance targets for each measure designed?
In most cases, a facility's improvement target for a measure will be the statewide standard deviation for the measure.

5: How is the QIIP rate increase designed?
As currently understood, based on their measured performance, a nursing facility will receive a rate increase ranging from $0.00 to $3.50 per patient day.

6: Is the Oct. 1, 2015 QIIP rate increase permanent?
No. The Oct. 1, 2015 rate adjustment will not be built into a nursing facility's base operating rates. Instead, nursing facilities will select a new quality indicator or quality of life domain each year, and the program funding will re-cycle each rate year as well.

7: Is there a downside to signing up and selecting a measure?
No, the worst that can happen is that your nursing facility does not receive a QIIP rate increase on Oct. 1, 2015.

8: Where can I find out more?
DHS will be issuing guidance in the near future. The guidance will include instructions on enrolling in QIIP as well as how the program will be implemented.

9: What will Care Providers of Minnesota do to support member nursing facilities?
Care Providers of Minnesota is hosting a webinar about QIIP on March 11, 2014. You can sign up at https://www2.gotomeeting.com/register/305842026.

10: Where can I find more information about the Quality Indicator and Quality of Life Domain measures?
Nursing facilities will select one Quality Indicator or one Quality of Life Domain prior to April 1, 2014. Please see the Nursing Home Report Card Technical User Guide at http://nhreportcard.dhs.mn.gov/technicaluserguide.pdf for information on these Minnesota specific measures.

Please contact Todd Bergstrom at the Association office if you have any questions.

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Win a trip to Washington DC from NCAL

Applications are now being accepted for four National Center for Assisted Living (NCAL) Awards. And if you win, it’s not just national recognition — winners will receive a trip to DC where they will be presented with their award at AHCA/NCAL's national convention, Oct. 5, 2014 in Washington, D.C.
Winners will receive round-trip airfare, per diem, hotel accommodations, Convention registration, and a gala ticket.

So what are you waiting for? Apply now for the Noble Caregiver of the Year, Assisted Living Nurse of the Year, Assisted Living Administrator of the Year, and National Assisted Living Week Programming Award (based on the 2013 theme of Homemade Happiness).

And to make this even more enticing, Care Providers of Minnesota has added new categories to their housing-only awards that mirror NCAL’s awards. So essentially, when you apply for an NCAL award, you can use the same criteria to apply for a Care Providers of Minnesota award.

Find more information on NCAL’s awards here.

The Care Providers of Minnesota Award Program will kick off mid-March, so look for more information online and in your email account then.

Questions? Please contact Lisa Foss Olson at the Association.

"Best Nursing Homes" on the rise

By Doug Beardsley

On Wednesday, Feb. 26, 2014, U.S. News & World Report released its annual rankings on skilled nursing homes, called "Best Nursing Homes." The publication derives its rankings from CMS’ Five-Star Ratings System, naming all those which achieved a five-star rating a "best nursing home."

In 2014, U.S. News found that the number of five-star centers was increasing dramatically, with 25% of America’s skilled nursing care centers earning the distinction this year, compared to 19% in 2013. Minnesota is above the national average, with 30% of its skilled nursing facilities receiving at least one five-star rating in 2014.

AHCA’s own Dr. David Gifford helped explain the rising tide in an article previewing the release of Best Nursing Homes 2014:

"For example, says Gifford, large numbers of nursing homes have bolstered their staffing, allowing nurses to spend more time with residents and potentially improving their staffing star rating. He also says nursing homes are providing better clinical care to residents, which can push up the star rating in that category. Facilities are paying more attention to cutting down on the use of antipsychotic drugs that make residents easier to handle, says Gifford, and are becoming more diligent about taking precautions to prevent bedsores."

U.S. News also provides a searchable database on all nursing centers in the country, with data and information on care, safety, health inspections, staffing and more.

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The 2013 AHCA/NCAL Annual Report now available

Each year, AHCA/NCAL compiles an annual report to capture the accomplishments from the past year. Their 2013 Annual Report is now available on AHCA/NCAL’s website.

More than anything, this year’s report shows how vital state affiliates and leaders are to AHCA/NCAL’s progress and growth. Through advocacy efforts, attendance at events and leadership, AHCA/NCAL members have made our Association a powerful voice for the senior care profession.

View the 2013 AHCA/NCAL Annual Report here.
Home care and HWS resource manuals

By Todd Bergstrom

In case you missed it, they're here! You may now order Care Providers of Minnesota’s Housing with Services Resource Manual and Comprehensive Home Care Resource Manual! The purpose of these manuals is to provide user-friendly resources and tools for providers. The manuals can be used to develop — and build — home care and housing with services programs.

The resource manual for Minnesota comprehensive home care agencies contains policies, procedures and forms related to:

- Required orientation and training
- Client records, including service plans
- Nurse assessments and delegation
- Medications, and
- Other policies, procedures and forms for employees

The resource manual for Minnesota housing with services settings contains policies, procedures and forms related to:

- Employment
- Office management
- Marketing
- Tenancy
- Maintenance and housekeeping, including OSHA and emergency planning, and
- Food service

Each manual contains printed examples of policies, procedures, and forms in addition to a CD with materials from the binder in electronic form for customization. Pricing for members is $125 per manual or $200 for both manuals if they are ordered at the same time.

Place your order now at https://www.careproviders.org/MemberResources/Store/tabid/2515/Store.aspx?categoryid=2.

Housing with Services Resource Manual
Member price: $125
Prospective member price: $200

Comprehensive Home Care Resource Manual
Member price: $125
Prospective member price: $200

Member price: $200
Prospective member price: $400

Care Providers of Minnesota products and resources may be ordered online at the Care Providers of Minnesota store at https://www.careproviders.org/MemberResources/Store/tabid/2515/Store.aspx?categoryid=2, or call 952-854-2844 or toll-free in Minnesota 1-800-462-0024.

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AHCA data offer a number of ways to look at Minnesota's quality

By Todd Bergstrom

In order to support member efforts to improve quality, the American Health Care Association (AHCA) has created a number of quality reports that allow member nursing facilities to compare themselves to their state and national peers. Between the AHCA Quality Initiative Goals and the many quality, utilization, and cost measures offered by LTC Trend TrackerSM software (LTCTT), there are a number of really interesting data reports available.

Here is a chart called Change in Antipsychotic Use recently taken directly from LTC Trend TrackerSM:

![Change in Antipsychotic Use Chart]

Background

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 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**
- Staff Report
- Quality Measures
- Resident Characteristics
- Survey History

**Financial Performance**
- Revenue and Cost
- Medicare Utilization

**CMS Measures**
- Five Star Rating

Find additional information on LTC Trend Tracker here or contact Peggy Connorton, AHCA staff:

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NCAL 2013 Performance Measure Survey Report

By Todd Bergstrom

Recently, the National Center for Assisted Living (NCAL) released its 2013 NCAL Performance Measure Survey Report. This fourth annual report is a result of the data that was collected by you or members like you to determine the progress of improving quality in assisted living communities.

The following chart graphs the Percentage of Assisted Living Communities (ALC) that Measure Resident and Family Satisfaction for the United States:

The ten areas measured for this report include: resident and family satisfaction, employee satisfaction, census/occupancy rate, resident councils, family councils, strategic plan to support mission and vision statements, safety programs, nurse availability, staff retention, and state criminal background checks.

Performance improvement in home and community-based services settings

By Patti Cullen, CAE

On Nov. 12, 2013, the Department of Human Services (DHS) issued a request for proposals (RFP) for a Home and Community-Based Services Performance-Based Incentive Payment Program (HCBS PIPP). The RFP was for proposals for quality improvement projects ranging from 12 months to 15 months in duration. Funding ($3.6 million in state grants) is available beginning on April 1, 2014, with an anticipated start date for the selected projects of May 15, 2014. Proposals were due into DHS by Jan. 13, 2014, and review teams have been working on scoring/ranking over 70 proposal submissions.

There are three HCBS Quality Improvement initiatives that were passed by the Legislature in 2013 — DHS has focused much of their work on the HCBS PIPP implementation due to the availability of the funding and the
legislative language dictating specific start dates. The other two HCBS Quality Improvement initiatives with varying degrees of work activity underway are the development of an HCBS Report Card and funding for a HCBS Quality Add-On based on quality scores established from to-be-determined quality measures.

In terms of next steps related to the quality add-on and the measures that may be used in the report card, DHS staff are currently involved in internal preparatory work: they are undertaking some data development work to "clean up" some of the data that could inform measures; and they are pulling together some new sources of data that might be used for measures such as adaptation of the National Core Indicators. DHS will be hiring a contractor to help the state, in partnership with the HCBS QI Stakeholder Group, work through an updated list of potential measures and data sources. The HCBS QI Stakeholder Group (Care Providers of Minnesota is represented on this group by Patti Cullen) will then meet to discuss the phasing in of both efforts as well as the consumer survey work. In addition, DHS is planning to gather additional input, namely consumer input, regarding meaningful measures.

Find background information on the HCBS PIPP on the DHS website here.

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