2015 AHCA/NCAL Quality Symposium — A few of my takeaways

By Gail Sheridan

At the end of February I had the opportunity to spend a few days with colleagues at the American Health Care Association/National Center for Assisted Living (AHCA/NCAL) 7th annual Quality Symposium. It was an enriching experience, especially since I was in the company of other professionals who are passionate about quality. I came away from the event both inspired and overwhelmed — which I guess is their goal! While all of the sessions gave me information to take back to both my company and the Association's Quality Council, I wanted to share a few of my "takeaways."

- The Symposium kicked off with Lead-Engage-Discover (LED) talks which were short 18 minute talks covering a variety of topics from dementia care to aging by design to a "seasoned" certified nursing assistant talking about why she does what she does as a caregiver. These short sessions helped trigger thinking and gave me "teasers" for the longer sessions that would follow.
- There was, once again, a poster gallery of quality-related projects from around the country. I was "Minnesota-proud" going through the moderated poster gallery walk as the first two posters (of eight) were from the Minnesota experience: Benedictine Health System's project: Preventing Repeat Falls in the Community and Tealwood Senior Living's Collaborative: TeamSTEPPS and Resident Safety Initiative. Shown below are Jeri Reinhardt and Gary Woessner with the Benedictine Health System poster (left) and Lisa Zeis with the Tealwood Senior Living poster.

- Sessions on how to maximize the power of data that we have available to us via the Long-Term Care Trend Tracker were a good reminder that we need to "catch up" to all of their data updates and really look at the features to support implementation of our quality programs.
- Teepa Snow, a frequent presenter for Care Providers of Minnesota, presented a high energy session on reframing challenging behaviors when dementia is in the picture, reminding me that we need to bring her back to Minnesota soon and involve more of our staff in the training.
- I paid special attention to the handout materials and "people" resources who presented answers to problems many of us are experiencing: accounts receivables, staff retention, partnership expectations; and prevention of adverse events.
- Finally, note that there is an obligation attendees felt to share what we have learned, even with those who did NOT have the opportunity to attend this valuable program. We will be utilizing some of the speakers at future Care Providers of Minnesota events; some of the information provided will be posted on the Quality page of the Association's website with articles in the weekly newsletter linking to those resources; and our Quality Council will be discussing some of the suggestions on training and resources that were brought forth to determine appropriateness for Minnesota members.

Some of the speakers reminded me how far we have to go in quality improvement advancements, which is why I left feeling a bit overwhelmed. Yet, I have to just look back a short distance to realize how far we have come in Minnesota and the journey itself is what inspires me.

Gail Sheridan, vice president of healthcare services, Tealwood Senior Living
AHCA/NCAL Quality Initiative Recognition Program

By Patti Cullen, CAE

At the 7th annual American Health Care Association/National Center for Assisted Living (AHCA/NCAL) Quality Symposium, there was a Quality Initiative Recognition Program ceremony to celebrate the increasing success of the nursing facilities and/or assisted living communities that met one or more of the AHCA/NCAL Quality Initiative goals.

Minnesota was proud to have three members achieve all 4 goals (Tier IV); they were recognized at the celebration event. We were equally proud of the numbers of our members that are taking the quality journey: 43 members achieved one goal (Tier I); 53 achieved two goals (Tier II); and 26 achieved three of the four goals (Tier III):

- Safely reducing hospital readmissions by 15%
- Safely reducing the off-label use of antipsychotics by 15%
- Increase customer satisfaction to 90% (for assisted living the goal is to maintain at 90% or above)
- Increase staff stability by 15% (for assisted living this goal is to maintain nursing staff turnover below 30%)

Thanks to the hard work of our members, Care Providers of Minnesota was also recognized at the Quality Initiative Recognition Program. First, we were recognized because 10% or more of our members achieved Tier III or Tier IV. Second, we were one of two states which received the Staff Affiliate Innovation Award, which honors state affiliates which have demonstrated a unique approach to promoting member participation with the Quality Initiative. Above, Patti Cullen, president/CEO of Care Providers of Minnesota, accepts the State Affiliate Innovation Award from Quality Cabinet Co-Chair Howie Groff.

Tier IV recipients were: Galtier Health Center, Madonna Towers of Rochester and Minnesota Masonic Home Care Center. Shown below are two of the three Tier IV recipients: Tom Thompson and Jamie Brady from Galtier Health Center, and Shelly Wiggin from Minnesota Masonic Home Care Center.

Tier III recipients were: Benedictine Health Center; Benedictine Health Center – Innsbruck; Benedictine Health Center of Minneapolis; Benedictine Living Community of New London; Bridges Care Community; Golden LivingCenter – Bloomington; Golden LivingCenter – Linden; Golden LivingCenter – Moorhead; Golden LivingCenter – Olivia; Golden LivingCenter – Rochester West; Good Samaritan Society – Maplewood; Good Samaritan Society – Mountain Lake; Good Samaritan Society – Woodland; Park Health and Rehabilitation Center; Prairie View Healthcare Center; Providence Place; Red Wing Health Center; Regina Medical Center; St. Anthony Health Center; St. Benedict's Senior Community; St. Clare Living Community of Mora; St. Eligius Health Center; St. Gertrude's Health and Rehabilitation Center; St. Michael's Health & Rehab Center; St. Otto's...
Fourth Annual Quality Symposium will focus on workforce

By Cheryl Smith

Mark your calendars for Wednesday, April 15 for Care Providers of Minnesota’s Fourth Annual Quality Symposium. This year’s theme is Quality Care Begins with Quality Staff.

Those who work most closely with residents are at the core of providing quality care and achieving quality outcomes. Research shows that satisfied and happy employees provide better care and contribute to greater quality of life for the residents.

With a more satisfied, well-trained and committed staff, long-term care providers see increased retention rates and fewer work-related accidents and injuries, all of which contribute to better overall performance. A consistent and dedicated staff reinforces a provider’s commitment to delivering person-centered care.

The Quality Symposium will feature three keynote presentations and more than eight hours of education from which to choose.

Keynotes:

- Dr. David Gifford, MPH, senior vice president of quality and regulatory affairs, American Health Care Association/National Center for Assisted Living presenting Quality: A National and State Perspective
- Bob Murphy, RN, Esquire, Studer Group presenting A Culture of High Performance
- Donna Wright, MS, RN, consultant, Creative Health Care Management presenting Relationship-Based Care

Breakout session topics include staff recruitment, retention, accountability, and delegation.

Registration is now open; secure your spot today for this must-attend event.

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Nursing Facility Quality Improvement Incentive Payment (QIIP) Program measurement selection deadline is March 31, 2015!

By Todd Bergstrom

It is time for nursing facilities to select a quality measure to work on during the April 1, 2015 to March 31, 2016 time period. The measure selected and nursing facility performance on the measure will be used to determine a 12-month rate increase beginning Oct. 1, 2016! As you may recall, around this time last year nursing facilities in Minnesota selected a quality measure to work on for the twelve month period from April 1, 2014 to March 31, 2015 in order to possibly receive a twelve-month rate increase beginning on Oct. 1, 2015.

The Minnesota Department of Human Services (DHS) has made the Quality Improvement Incentive Payment (QIIP) selection process for the second round available on the nursing facility provider portal for the 12 month measurement period beginning April 1, 2015. The necessary materials are now posted in the Nursing Facility Provider Portal. The deadline for choosing a quality measure is March 31, 2015. A facility may choose the same indicator that was worked on last year or choose a different indicator to improve on for this coming year.
The archived webinar, sponsored by the The Lake Superior Quality Innovation Network, in which Val Cooke and Kim Class from DHS presented "MN DHS Quality Improvement Incentive Payment Program (QIIP): How to Choose a Performance Improvement Topic," will be available here in the next week or so. In the meantime, Care Providers of Minnesota has posted the "Quality Improvement Incentive Payment (QIIP) Webinar March-3-2015" presentation and Q&A on the members only Quality section of the Association’s website.

You can review your data and make a selection on the nursing facility provider portal at https://nfportal.dhs.state.mn.us/.

If you do not know your user name and password, please check first with your facility administrator. Each facility has only one user name and password. If your administrator does not know your login information, please ask your administrator to email Beverly Milotzky at bev.milotzky@state.mn.us to request login information. DHS will only release the login information to the facility administrator. The facility administrator may share the login information with facility staff at his/her discretion.

Background

The 2013 legislature created a new Quality Improvement Incentive Program (QIIP), which began in 2014 and will 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."

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

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Clock ticking on opportunity to sign up for Quality Care Collaborative

By Patti Cullen, CAE

The Lake Superior Quality Innovation Network (LSQIN), which serves Minnesota, Michigan, and Wisconsin under the Centers for Medicare & Medicaid Services Quality Improvement Organization Program, has invited all skilled nursing facilities (SNF) that provide services to Medicare beneficiaries to join the National Nursing Home Quality Care Collaborative (NNHQCC). This collaborative is designed to help facilities give every resident the highest quality of care and services, eliminate health care acquired conditions, and improve resident satisfaction.

The NNHQCC is part of the Centers for Medicare & Medicaid Services’ quality improvement work and aligns state and national quality initiatives, including the Advancing Excellence in America’s Nursing Homes Campaign, Partnership to Improve Dementia Care, Quality Assurance and Performance Improvement (QAPI), MN DHS Performance-Based Incentive Payment Program, and MN DHS Quality Improvement Payment Program.

By joining the collaborative, facilities will have access to best practices, lessons learned, and the clinical, management, and leadership practices of high-performing nursing homes. (This video shows what past participants have said about the benefits of joining a collaborative.)

Participating facilities will receive free access to events, webinars, evidence-based resources, national and local experts, peer-to-peer collaboration, and quarterly data reports which will help track the outcomes of quality improvement efforts. In exchange, participating facilities commit to work on quality improvement projects of their choice with an interdisciplinary team, participate in educational sessions of their choosing, and share limited data with LSQIN.

It’s easy to sign up at http://www.cvent.com/d/y4qbg4. Complete and submit the short participation agreement
including the electronic signature of your administrator, CEO, COO, or owner. As of Feb. 19, 2015, 124 SNFs (out of 282 eligible SNFs) have signed up for this collaborative. The official start date is coming up soon; if you have not done so we encourage you to sign up. Do you have questions, or would you like to talk with other participating facilities about the benefits? Contact Kristi Wergin, program manager, Stratis Health, at 952-853-8561 or kwergin@stratishealth.org.

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Five-star update and resources

By Doug Beardsley

On Feb. 12, 2015, the Centers for Medicare and Medicaid Services (CMS) announced changes to the way they calculate the five-star ratings for nursing facilities. Of the three parts of five-star — survey, quality measures (QM), and staffing — CMS made changes to the staffing component and to the quality measure component. The changes went into effect on Feb. 20, 2015.

The staffing component no longer allows facilities with three or fewer stars on both RN and direct care staff to get a four star rating on the staffing component. The QM component adds two new quality measures (a long stay antipsychotic measure and a short stay antipsychotic measure) and resets the cut points used to classify facilities into the five QM five-star ratings back to 2013 Q3. These changes not only impact a facility’s ratings on the staffing and QM components, but may also impact a facility’s overall five-star rating as well.

The net result of this change is that many nursing facilities — even those with stable or improving quality — lost at least one if not two stars on their overall five-star ratings.

In Minnesota, 13 facilities dropped two stars in their overall rating, 86 facilities dropped one star in their overall rating, 14 facilities increased one star in their overall rating, and the remaining facilities had no change in their overall star ratings.

CMS provided facilities the opportunity to preview their ratings under this revised new five-star system before the Friday, Feb. 20, 2015 public release. Previewing any changes gave facilities the opportunity to be better prepared to respond to potential questions from residents, family members, the media, referral sources, staff and payers regarding any changes to a facility’s five-star rating. The key message is that the changes made do not reflect any changes in quality at your facility; and that the new ratings should NOT be compared to the old ratings.

The American Health Care Association (AHCA) created a website with materials, templates, and resources for AHCA members to use in this five-star process transition. You will need your AHCA member password and login to access the materials. Resources available on the website include:

- Template for letter to family members
- Template for letter to payers
- Talking points template
- Media statement template
- Directions to access five-star preview reports in the QIES/CASPER system
- AHCA five-star changes presentation

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Tier IV recipients reflect on "secrets" to their success

By Patti Cullen, CAE
The American Health Care Association/National Center for Assisted Living (AHCA/NCAL) Quality Initiative is an effort that builds upon existing work of the profession by setting four specific, measurable goals to further improve quality of care. As noted in separate articles, three of Minnesota's facilities met all four of these goals — no easy feat given all of the payment and workforce challenges we face. So, we took the opportunity to ask representatives from Galtier Health Center, Madonna Towers of Rochester and Minnesota Masonic Home Care Center if they had any "tips" or secrets to their success and lessons they may have learned:

First, all three have received one or more of the AHCA quality awards — which means there is a commitment within each organization to work on and achieve continuous quality improvement. Madonna Towers received the Gold Award in 2009 — one of 24 facilities in the nation to achieve that highest level! In 2013, Galtier Health Center achieved the Silver award; and in 2014 Minnesota Masonic Home Care Center achieved the Bronze award. So, whether you are a "veteran" at going through the quality improvement steps to achieve a national award or only starting along the journey, just the process of applying for these awards has benefits.

Second, they try to "merge" their quality efforts — lining up work on the AHCA/NCAL quality initiative goals with programs such as the state’s Performance-Based Incentive Payment Program (PIPP) where nursing facilities may receive a time-limited rate increase for undertaking a quality improvement project and achieving specified improvements in quality measures.

Third, they are involved in collaborations and partnerships to help them achieve these goals — whether their partner is a health plan, a health system, or a hospital, they work with them on the re-hospitalization goal as well as the anti-psychotic goal.

Since the hardest goal to achieve these days seems to be the one relating to staff retention given our workforce crisis, when prodded Tom Thompson and Jamie Brady were enthusiastic about what they do for staff retention:

- Celebrate everything!
- Recognize staff all of the time for all they do
- Have lots of celebrations involving food (potlucks)
- Honor and acknowledge different cultures (84 out of their 150 staff members speak English as a second language)
- Food events … food … food … food!!

So, what overall advice would these facilities give? Don’t give up! Take advantage of participating in collaborations. Line up your efforts to avoid repetition. Begin the journey and stay on it for the long haul.

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Minnesota: the state of quality is focus of report

By Lisa Foss Olson

Care Providers of Minnesota’s 2014 Quality at Work report highlights the many state initiatives that focus on quality improvement and measurement.

Similar to last year’s report, Quality at Work: 2014 has a special focus on one major issue — Minnesota as the state of quality. Member excellence also has a primary spot in this year’s report, with photos of Care Providers of Minnesota’s 2014 award recipients, national award winners, and the 2014 quality essay contest winner.

Please take a look at the report here and see the quality journey that Care Providers of Minnesota’s members made in 2014 and how we are indeed — the state of quality!

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

Lisa Foss Olson
Recognize an employee’s value

By Lisa Foss Olson

Nominating an individual for an award is one of the best ways to recognize their value at your place of work and this profession.

Care Providers of Minnesota’s awards program allows you the opportunity to recognize an individual’s excellence, providing 10 award categories for all members, an additional four categories for skilled care and nursing facility members, and four others for senior housing and home care members.

Add to that the four award categories offered by the National Center for Assisted Living (NCAL) and you’ve got plenty of opportunities to recognize excellence at your place of work!

Here are some details:

Care Providers of Minnesota’s award program begins March 23, and all nominations must be submitted by May 15, 2015.

For the 10 award categories open to all Care Providers of Minnesota members and the four available to skilled care/nursing facility members — these will be presented at the annual convention & exposition, Nov. 16–18, 2015.

The four senior housing/home care awards available to Care Providers of Minnesota members will be presented at the annual Senior Housing Summit, August 19–20, 2015.

The four National Center for Assisted Living (NCAL) awards will be presented to recipients at NCAL’s 9th annual NCAL Day on Oct. 4, 2015, the opening event for AHCA/NCAL’s 66th Annual Convention & Expo in San Antonio, Texas. Winners will receive a roundtrip airfare from their home city, per diem, hotel accommodations, Convention registration and Gala ticket. Nominations for these awards are now being accepted.

Find information on NCAL’s award program here.

Look for more information on the Care Providers of Minnesota Award Program on our website beginning March 23.

Questions? Please contact Lisa Foss Olson at the Association.

Stratis Health releases LTC root cause analysis toolkit

By Doug Beardsley

Stratis Health, the leader of Minnesota’s Medicare Quality Innovation Network - Quality Improvement Organization (QIN-QIO) has released a Root Cause Analysis (RCA) Toolkit for Long-Term Care. Root cause analysis is a problem solving method to investigate an actual or potential problem, incident or concern. A team looks beyond an immediate solution to understand the underlying cause(s) of the problem. Those causes are then changed to prevent the problem from happening again. Stratis Health created the toolkit using resources allocated from Minnesota’s civil monetary penalty (CMP) funds. CMP funds exist as the result of financial penalties assessed against nursing homes during the survey process.

Root cause analysis is a common tool used by performance improvement teams or quality improvement teams to work on improving a process or desired outcome.
What is RCA and why is it valuable? Start with these introductions to root cause analysis and the toolkit:

- **16-minute video**
- **Video transcript** (6-page PDF)

How do you use the Root Cause Analysis Toolkit for Long-Term Care? Watch a short 3-minute video introduction to the LTC RCA toolkit here.

The root cause analysis toolkit is comprised of seven steps. In using the toolkit, when you select a step you will be presented with a table of resources related to that step. There are tools that will assist you in doing the step and an example of how to perform that step. You will then be directed to the next of the seven steps in the process. There is one scenario that is used throughout all the steps to demonstrate a beginning to end effort.

Access the entire toolkit via the Stratis website or the Care Providers of Minnesota website.

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**LTC Trend Tracker℠ is the nation’s leading nursing facility quality improvement tool (and it’s FREE for members)**

By Todd Bergstrom

Developed by the American Health Care Association (AHCA), LTC Trend Tracker℠ is a member nursing facility's one-stop shop to gain timely information and valuable insight about their own performance as well as the entire profession’s. LTC Trend Tracker℠ is an exclusive benefit for AHCA members, and provides data and comparative reports on the following areas:

**Reports Offered in LTC Trend Tracker℠**

- Five-Star Reports  
  - Overall Rating Report  
  - Staffing Rating Report  
  - Quality Measure Report  
- Nursing Home Compare (CMS) Quality Measures Report  
- AHCA Quality Measures  
  - AHCA Hospital Readmissions Report  
  - AHCA Discharge to Community Report  
- CASPER Reports  
  - Citation Reports: Combined Health Survey  
  - Citation Reports: Complaint Health Survey  
  - Resident Report  
  - Staffing Report  
- AHCA Staffing Turnover and Retention Report  
  - Cost Report  
  - Medicare Utilization Report  
  - Quality Initiative Recognition Program Report

**Measures**

LTC Trend Tracker℠ also includes exclusive measures for members developed by AHCA or partners.

- *Discharge to Community Measure* — Based on MDS 3.0 data, this measure determines the percentage of all new admissions from a hospital who are discharged back to the community (non-clinical settings) and
remain out of any skilled nursing center for the next 30 days. This information allows users to compare their center to other centers and can help centers in their negotiations with hospitals, managed care organizations, and others. It can also tell users if they are sending more or fewer individuals back to the community than expected given the clinical characteristics of the population of individuals admitted to their center.

- **Hospital Readmissions Measure** — Developed by PointRight, Inc. and made available to AHCA, PointRight® Pro 30™ calculates 30-day, risk-adjusted hospital readmission rates for skilled nursing centers. PointRight® Pro 30™ uses MDS 3.0 data, giving providers access to rehospitalization data within four to six months of submitting their information to CMS — the fastest any of hospital readmission measure currently available. This measure can help centers stay on track with AHCA’s Quality Initiative hospital readmissions goal and prepare providers for the value-based purchasing program to be developed by CMS.

**Dashboard**

As soon as you login to LTC Trend Tracker, you can access the dashboard and see a snapshot of your organization compared to your peers ... all on one screen. The dashboard is a summary of selected reports in the LTC Trend Tracker system. Instantly review how you’re trending with Five-Star, AHCA Quality Initiative goals, survey, post-acute care, and more.

Learn more on the LTC Trend TrackerSM website.

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

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**New nursing facility antipsychotic use data released**

*By Doug Beardsley*

The Centers for Medicare and Medicaid Services (CMS) has released new nursing facility off-label antipsychotic use data from the third quarter of 2014. Overall, the numbers are improving and Minnesota continues to be a leader in this initiative.

This newest data, which is based on the CMS National Quality Measure (QM) derived from the Minimum Data Set, indicates the most recent national quarterly prevalence of antipsychotic use for long-stay nursing facility residents is 19.2%. Minnesota’s prevalence was measured at 15.4%. Minnesota now has the eighth lowest antipsychotic use rate (as measured by this QM) in the nation — improving by one position during this last reported quarter. The graph here shows the decline in antipsychotic use nationally, in CMS region V (our region) and in Minnesota. Note that we achieved our goal for the end of 2014 by the first quarter of 2014, and continue to improve.

There is, of course, a wide spread of data for this measure in Minnesota, from a low of less than 1% to a high of over 70%. **Statewide Minnesota has reduced the prevalence of antipsychotic use for long-stay nursing facility residents by over 20% since the inception of the initiative in 2012!**

Note that CMS is now including this QM as a new component when determining each facility’s five-star quality measure. Providers should focus on strategies to continue safe, effective reductions in the use of off-label antipsychotics (regardless of the care setting). A recent Government Accountability Office report indicated that while CMS has been focusing on reducing off-label use of antipsychotic medication in nursing homes, it also needs to begin to address their use in assisted living communities and hospitals.

“**These new data are further evidence of the success of the Quality Initiative our Association embarked on three years ago,”** said Mark Parkinson, president and CEO of the American Health Care Association (AHCA).
In February 2012, AHCA launched its Quality Initiative with four specific goals for the profession over three years. One of its goals was a 15 percent reduction in the off-label use of antipsychotic medications. Later that year, AHCA joined CMS in supporting its National Partnership to Improve Dementia Care in Nursing Homes, which had a similar 15 percent reduction goal for these medications.

"Even with this announcement, we won’t stop. We can do better," said Parkinson. "And with the help and collaboration of CMS, families, and all of our partners, we can further lower the use of these medications in our centers. Now that we have exceeded our initial objective, we have set even more ambitious goals to further decrease the use of antipsychotics in skilled nursing centers an additional 10 percent nationwide by the end of 2015, and another five percent by the end of 2016."

Parkinson noted that the trend of improvement in antipsychotic use is consistent with across-the-board improvements in other quality metrics.

"The use of antipsychotic medication as an attempt to modify behaviors associated with dementia is not supported by the research studies," said Dr. David Gifford, AHCA senior vice president of quality and regulatory affairs and a board-certified geriatrician. "These medications may be appropriate for individuals suffering from schizophrenia or bipolar disorder, but in the elderly living with dementia, they can increase the risk of complications, resulting in poor health outcomes and higher costs.

"As information about this issue has emerged over recent years, AHCA has been a vocal advocate to its member centers, other stakeholders and consumers about safely decreasing the use of antipsychotics and promoting more person-centered care," said Gifford.

"The success of our profession in achieving a nearly 20 percent reduction in the use of antipsychotics over the last three years means that we have helped to improve the quality of life for thousands of individuals with dementia residing in our nation’s skilled nursing centers," Gifford added.

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**NCAL 2014 Performance Measure Survey Report**

*By Todd Bergstrom*

Recently, the National Center for Assisted Living (NCAL) released its [2014 NCAL Performance Measure Survey Report](http://newsmanager.commpartners.com/careone/textonly/printallPF.php?id=careone20150301). This marks the fifth time NCAL has published the annual report that tracks the progress of improving quality in assisted living communities.

The following chart shows the percentage of assisted living communities (ALC) that measure resident and family satisfaction in 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.

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DHS creates HCBS Quality Improvement Project Dashboard

By Todd Bergstrom

The Minnesota Department of Human Services (DHS) created an HCBS Quality Improvement Dashboard summarizing the implementation of the Quality Improvement Project Plan for Home and Community-Based Services (HCBS). On July 1, 2014, elderly waiver (EW), community alternatives for disabled individuals (CADI), and other HCBS providers received a 5% rate increase. With the increase came a requirement that providers develop a Quality Improvement Project. If DHS does not receive a plan from a provider by Dec. 31, 2014, the provider’s rates will be reduced by 1 percent. According to DHS, the department is still attempting to reach out to those providers who have not yet submitted a plan.

Highlights of the dashboard include:

- HCBS providers have submitted 1,967 unique improvement plans from 3,451 provider numbers to date.
- A breakdown of the types of provider submitting a plan:
  - Residential 28%
  - In-home supports /ILS 21%
  - Customized living 17%
  - Home care 16%
  - Day services 7%
  - Employment 5%
  - Case management 4%
  - ICF services 2%

Please review the entire HCBS Quality Improvement Dashboard to learn about the top areas of improvement and strategies selected.

Please contact Todd Bergstrom at the Association office if you have any questions.
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GAO targets antipsychotic use in assisted living and hospital settings

By Doug Beardsley

In March 2015 the Government Accountability Office (GAO) released a new report titled "ANTIPSYCHOTIC DRUG USE – HHS Has Initiatives to Reduce Use among Older Adults in Nursing Homes, but Should Expand Efforts to Other Settings." The 33 page report (plus 11 page appendix) outlines the focus the Department of Health and Human Services (HHS) has implemented to reduce the use of antipsychotics in nursing facilities, and highlights the need for similar focus on assisted living facilities and hospitals.

This should not be a new or unexpected subject for Minnesota’s home care providers. This expanded focus is consistent with how the Minnesota Department of Health’s Home Care and Assisted Living Program (HCALP) surveyors have been reviewing antipsychotic medications managed by home care providers in assisted living settings (under the right to receive care consistent with accepted standards of care) and with NCAL’s quality initiative to safely reduce the use of off-label antipsychotic medications in assisted living settings.

Home care and assisted living providers looking for resources to help safely reduce the off-label use of antipsychotic medications should review the many resources available on the NCAL quality initiative website.

Excerpts from the report include:

- "HHS officials noted that the focus has been on reducing antipsychotic drug use rates in nursing homes for a variety of reasons, including the severity of dementia among nursing home residents and the agency’s responsibility to ensure appropriate training of nursing home staff. However, the risk of antipsychotic drugs to older adults is not specific to those in nursing homes."
- "Stakeholder groups we spoke to indicated that educational efforts similar to those provided under the National Partnership should be extended to those providing care to older adults in other settings, such as hospitals and assisted living facilities. Some stakeholders noted that some of the same material regarding non-pharmacological interventions could be shared with caregivers in these other care settings."
- "Many experts we spoke with said that many nursing home residents come to the nursing home already on an antipsychotic drug. Extending educational efforts to caregivers and providers outside of the nursing home could help lower the use of antipsychotics among older adults with dementia living both inside and outside of nursing homes."
- "Conclusion: The decision to prescribe an antipsychotic drug to an older adult with dementia is dependent on a number of factors, according to experts in the field, and must take into account the possible benefits of managing behavioral symptoms associated with dementia against potential adverse health risks. In some cases, the benefits to prescribing the drugs may outweigh the risks. HHS has taken important steps to educate and inform nursing home providers and staff of the need to reduce unnecessary antipsychotic drug use and ways to incorporate non-pharmacological practices into their care to address the behavioral symptoms associated with dementia. However, similar efforts have not been directed toward caregivers of older adults living outside of nursing homes, such as those in assisted living facilities and private residences. Targeting this segment of the population is equally important given that over 1.2 million Medicare Part D enrollees living outside of nursing homes were diagnosed with dementia in 2012 and Medicare Part D pays for antipsychotic drugs prescribed to these individuals. While the extent of unnecessary prescribing of antipsychotic drugs is unknown, older adults with dementia living outside of nursing homes are also at risk of the same dangers associated with taking antipsychotics drugs as residents of nursing homes. In fact, the National Alzheimer’s Project Act was not limited to the nursing home setting, but calls upon HHS to develop and implement an integrated national plan to address dementia. HHS’s National Alzheimer’s Plan addresses antipsychotic drug prescribing in nursing homes only, however, and HHS activities to reduce such drug use have primarily focused on older adults.
residing in nursing homes. Given that HHS does not specifically target its outreach and education efforts relating to antipsychotic drug use to settings other than nursing homes, older adults living outside of nursing homes, their caregivers, and their clinicians in these settings may not have access to the same resources about alternative approaches to care. By expanding its outreach and educational efforts to settings outside nursing homes, HHS may be able to help reduce any unnecessary reliance on antipsychotic drugs for the treatment of behavioral symptoms of dementia for all older adults regardless of their residential setting."

- "**Recommendation for executive action:** We recommend that the secretary of HHS expand its outreach and educational efforts aimed at reducing antipsychotic drug use among older adults with dementia to include those residing outside of nursing homes by updating the National Alzheimer’s Plan."

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New home care statute requires ongoing "Quality Management" program

By Doug Beardsley

One of the new home care requirements for many current home care providers transitioning to the basic or comprehensive home care licensing levels is the requirement to have an ongoing "quality management" program in place. The statute is fairly broad and vague in how it defines this requirement:

*Minnesota statute 144A.479 Subd. 3*

**Quality management.** The home care provider shall engage in quality management appropriate to the size of the home care provider and relevant to the type of services the home care provider provides. The quality management activity means evaluating the quality of care by periodically reviewing client services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to clients. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal.

It is clear that home care surveyors will be asking licensed home care providers to produce written documentation of current and past quality improvement projects. It is unclear how detailed or sophisticated surveyors will expect these quality improvement projects to be. It is assumed surveyors will not expect documentation for quality improvement projects prior to the effective date of your basic or comprehensive license.

The statute does give some hints on where home care providers may want to start — particularly in the area of complaints. A provider may want to consider reviewing information from home care complaint logs (also a new licensing requirement) to determine the frequency of the most common complaints, and then initiate a performance improvement project to reduce the frequency of that type of complaint. A provider may also want to overlap their submitted DHS quality improvement project with a home care statute quality improvement project. The type of performance improvement projects required under the NCAL Quality Award program or any of the four NCAL Quality Initiatives should also support the new home care license requirement.

Do you want to audit your current quality management program to see if it meets the requirement? See the Quality Management Audit Tool that is included as part of our overall Comprehensive Home Care Audit Tools resource.

Care Providers of Minnesota has dozens of free resources to help home care providers structure a performance improvement program that we believe will align with the licensing requirements. See them all here on our website.