New Nursing Facility Quality Dashboard Is an Important Resource

By Mark Anderson

Earlier this year, Care Providers of Minnesota announced to its members that their Quality Council had completed the development of the Nursing Facility Quality Dashboard.

The Care Providers of Minnesota Quality Council worked diligently over the past year to develop a quality dashboard for member nursing facilities to use. There are numerous entities now providing many different types of measures for nursing facilities in Minnesota and the United States. In addition to helping members improve their outcomes and place important measures together in one easy-to-read page, much of the Quality Council’s work that went into the dashboard revolved around carefully selecting the dashboard measures.

Beginning in 2010, the Association’s Quality Council reviewed other quality dashboards for nursing facilities, brainstormed on nursing facility quality dashboard measures, and “whittled down” a lengthy list of measures to arrive at our “Top Ten” list of measures. We categorized the original list of measures and selected the more valuable ones from each category, keeping in mind that there needed to be readily-accessible data to populate the spreadsheet.

The dashboard is designed in an easy-to-use Excel spreadsheet format, so you can add your own data and then display it in a graph format. We expect this visual document will be a tool that can be shared with boards, management staff, families, and internal quality improvement teams, as well as expanded to all staff.

Please set aside an hour or two, and enter your data into Nursing Facility Quality Dashboard, which is presented in Microsoft Excel. Some of the measures are annual and some are quarterly. Download the Nursing Facility Quality Dashboard and instructions here.

We view this effort as a first step, and are hoping the quality dashboard and process will only get better as we gain experience with them. Please forward any comments, questions, suggestions, and ideas to Todd Bergstrom at the Association office: tbergstrom@careproviders.org or 952-851-2486.

Mark Anderson, Administrator, Good Samaritan Society – Albert Lea
Chair, Quality Council

DHS Updates QI Reports

By Todd Bergstrom

The Minnesota Department of Human Services (DHS) has worked with the University of Minnesota (UMN) to crosswalk as many of the Minnesota quality indicators (MN QIs) from MDS 2.0 to MDS 3.0 as possible, and have now posted two new QI reports on the DHS provider portal.

DHS has also posted the new QI stars along with the 10/1/09–9/30/10 staffing, retention, and pool stars to the MN Report Card site.

According to DHS, the arrival of MDS 3.0 has brought challenges and opportunities, and has also meant that CMS’ federal quality indicator/quality measure (QI/QM) reports and Medicare’s Nursing Home Compare MDS QMs have ‘gone dark’ until at least May 2012. However, DHS and the University of Minnesota (UMN) have finished crosswalking 15 of the 24 Minnesota risk-adjusted QIs from MDS 2.0 to MDS 3.0. DHS will provide these ‘crosswalkable’ QIs for facility quality improvement efforts and public posting on the Minnesota Nursing Home Report Card. DHS is also working with UMN on major revisions to the remaining nine MN QIs because of changes to their MDS items or the way they are collected, as well as exploring new QIs on topics facilities may want to track, such as hospitalizations and delirium.
To access the MN QI reports for the periods January–December 2010 and April 2010–March 2011, visit https://nfportal.dhs.state.mn.us/ and log in with your facility’s username and password (administrators are welcome to share login information with relevant staff). Click the “MN Quality Indicators” link at the top of the home page and select a report to save or print.

Administrators needing login information re-sent, or any facility staff with questions or recommendations about the QIs, can contact Teresa Lewis at 651-431-4208 or Teresa.Lewis@state.mn.us.

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**Advancing Excellence — Looking for Four More Nursing Facilities!**

*By Doug Beardsley*

Since when is Minnesota below average? Nationally, 47.1% of nursing homes are enrolled in the free Advancing Excellence in America’s Nursing Homes (AE) quality improvement campaign. Minnesota facility enrollment, however, has missed the national average by 1.1%, meaning we come up short by four (4) nursing facilities!

Not only does enrolling your nursing facility in the AE campaign help support a national quality improvement initiative, it also can help your facility with free resources to improve in areas of national focus. Participating facilities select from eight goals to work on:

**Ranking of AE goals selected by Minnesota participating facilities:**

**#1 = Reducing pain**
Nursing home residents will receive appropriate care to prevent and minimize episodes of moderate or severe pain. Objectives for long-stay and short-stay residents are slightly different.

- Goal 5A: Long-stay (longer than 90 days) nursing home residents will receive appropriate care to prevent and minimize episodes of moderate or severe pain.
- Goal 5B: People who come from a hospital to a nursing home for a short stay will receive appropriate care to prevent and minimize episodes of moderate or severe pain.

**#2 = Reducing pressure ulcers**
Nursing home residents receive appropriate care to prevent and appropriately treat pressure ulcers when they develop.

**#3 = Tracking resident/family satisfaction**
Nursing home staff will assess resident and family experiences of care and incorporate this information into their quality improvement activities.

**#4 = Reducing staff turnover**
Nursing homes will take steps to minimize staff turnover in order to maintain a stable workforce to care for residents.

**#5 = Tracking staff satisfaction**
Nursing home administrators will assess staff satisfaction with their work environment at least annually and upon separation and incorporate this information into their quality improvement activities.

**#6 = Increasing consistent assignment**
Being regularly cared for by the same caregiver is essential to quality of care and quality of life. To maximize quality, as well as resident and staff relationships, the majority of nursing homes will employ “consistent assignment” of CNAs.

**#7 = Reducing restraints**
Nursing home residents are independent to the best of their ability and rarely experience daily physical restraints.

#8 = Advance care planning
Following admission and prior to completing or updating the plan of care, all nursing home residents will have the opportunity to discuss their goals for care, including their preferences for advance care planning, with an appropriate member of the health care team. Those preferences should be recorded in their medical record and used in the development of their plan of care.

AE is anticipated to align strategically with the future CMS quality assurance and performance improvement (QAPI) requirements — a strengthened quality assurance and performance improvement program in nursing homes that is mandated by the Affordable Care Act (health care reform). New regulations are anticipated in 2012 or 2013. Nursing homes can get ready for QAPI by working on the Advancing Excellence goals. Here’s what you can do:

- Review the Advancing Excellence goals.
- Review your nursing home data relevant to the goals.
- Choose a goal that is meaningful to your nursing home and its residents and select it on the AE website.
- Using data that you collect, measure or benchmark where your nursing home currently stands.
- Set a target or an aim that includes how much you want to improve and by when. Keep aims/targets reasonable and achievable!
- Look at the management of care processes that are contributing to the status quo.
- Decide which processes need to be changed to help you reach your target or aim.
- Implement your proposed change or changes using the PDSA (plan, do, study, act) quality improvement method.
- Use the AE tools and collect data on an ongoing basis to monitor performance.
- If change is happening and you are happy with it, keep doing what you are doing!
- If change is not happening, rethink what needs to be changed and make those changes.
- When you have reached your target, keep monitoring to make sure that there is no slippage.
- Choose another topic to improve and start all over again!

If your nursing facility is not currently participating in the free AE campaign, you are encouraged to consider enrolling. Learn more about the campaign here, or enroll here!

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Stratis Health Launches New Initiatives in Quality Improvement

Stratis Health, as the Medicare quality improvement organization (QIO) for Minnesota, will join the Centers for Medicare & Medicaid Services (CMS) in leading change in the health care community. Nursing homes will be invited to collaborate with Stratis Health to support the National Quality Strategy’s three broad aims: better health care; better health for people and communities; and affordable care through lowering costs by improvement.

Six priorities that build on these broad aims include: 1) making care safer, 2) promoting effective coordination of care, 3) assuring care is person- and family-centered, 4) promoting the best preventions and treatments of the
leading causes of mortality, starting with cardiovascular disease, 5) helping communities support better health, and 6) making care more affordable for individuals, families, employers, and governments by reducing the costs of care through continual improvement.

These priorities are evident in the four key objectives and supporting tasks of the upcoming quality improvement work listed below. Aspects of this work will continue or build upon previous initiatives, including prevention of pressure ulcers and reduction of physical restraint use in nursing homes.

**Beneficiary- and family-centered care**
- Case review
- Patient and family engagement

**Improving individual patient care**
- Reduction of health care-acquired conditions
- Reduction of adverse drug events
- Quality reporting and improvement

**Integrating care for populations and communities**
- Improve care transitions leading to the reduction of readmissions.

**Improving health for populations and communities**
- Promote screening and immunizations
- Cardiovascular health campaign

For the first phase of this work (August 2011 – January 2013), Stratis Health is recruiting about 30 nursing homes to participate in the *Improving Resident Care Collaborative*, which will focus on reducing pressure ulcers and unnecessary physical restraints. Stratis Health will lead this educational collaborative with the provision of webinars; in-person learning sessions; resources and tools; and more intensive personalized support. Collaboratives are an effective means to discover methods and tools to improve quality and implement best practices.

Stratis Health will share these resources, lessons learned, and tools with nursing homes statewide through newsletters, email blasts, trade association exhibits, and other opportunities as they present themselves.

The second phase of this work begins in July 2012 and will involve broad-scale learning and action networks on such topics as falls and catheter-associated urinary tract infections. These initiatives are intended to produce rapid, substantial, and widespread improvements in health care quality. Watch for more information on this opportunity for all Minnesota nursing homes and interested stakeholders.

Celebrating its 40th anniversary, Stratis Health has served as Minnesota's Medicare quality improvement organization since the program's inception in the 1970s. Through the next Medicare QIO work, we will collaborate with many health care organizations and providers, and engage consumers to accelerate and broaden the impact of quality improvement, and continue to lead measurable improvements in care for Minnesota's 780,000 Medicare consumers.

**Taking a Proactive Approach to Leadership in Long-Term Care**

*By Morgan Hinkley*

Almost every organization has a mission or vision statement. However, not all organizations can say they are aware of what their mission and vision statements are, and even fewer could say that those statements are the driving force behind their employees’ performance. Nevertheless, Care Providers of Minnesota, a 2011 recipient of the AHCA/NCAL National Bronze Quality Award, is among the latter faction. CPM has adopted the mission
statement of, “Empowering members to excellence through advocacy, education, expertise, resources, and support.” They also boast a vision statement of “Be the transformative leader of the profession.”

As part of CPM’s mission and vision, they have taken a proactive approach to further developing the leaders of our profession. Since the program’s inception in 2004, CPM has actively nominated members to AHCA’s future leader program, including Christine Bakke, Cyndi Seiwert, and Mark Anderson. One of Minnesota’s very own, Steve Chies, was an integral part of the development of the program.

The AHCA Future Leader Program prides itself on honing the knowledge and leadership skills of its participants to further the quality of care to those we serve, nationwide. Specific goals of the future leader program are:

1. Identify and develop future AHCA/NCAL leaders
2. Engage participants as “architects of AHCA/NCAL’s future”
3. Build relationships and trust
4. Articulate goals and action plans for ongoing development as an AHCA/NCAL leader

This year’s class has just begun their journey as “architects of AHCA/NCAL’s future.” They were the first class to have scheduled meetings with state legislators in their Washington, D.C. offices. The focus of these meetings was to bring a heightened awareness to legislators of proposed Medicare cuts, as well as the detrimental effects of proposed Medicaid block grants. Small successes were achieved during these visits while participants further expanded our industry’s grassroots advocacy efforts.

As did classes of years past, this year’s class will further expand their overall leadership skills in the profession through personal goals with their company, involvement with their state AHCA affiliate and involvement with AHCA or the profession in general.

As CPM fulfills their mission and vision, state leaders of our profession have had a unique opportunity to participate in this national program. The skills developed through the future leader program will benefit those we serve in our state and nation for many years to come. Furthermore, these future leaders will further accentuate the core of “transformative leaders of the profession.”

Morgan Hinkley
Administrator, Mala Strana Health Care Center

**Person-Centered Care Goes Cruising**

“A quality home is not a place where people go to die but a place they go to live,” commented a staff member from Camden Care Center. “And it isn’t just about reminiscing. People can go to a nursing home and create beautiful new memories.”

Nearly every issue of Quality in Action has included an article about person-centered care, but chances are, you haven’t read about it in quite this way!

Camden Care Center in Minneapolis has not only taken steps to create a home-like environment; their residents now have a say in how they spend their vacations ... yes, vacations.

It started in February 2010 with a comment at a resident council meeting to the administrator, Bob Letich, who had just returned from his own winter vacation. One resident asked him, “When do we get to go on vacation?” The rest of that meeting was spent talking about past vacations and where they would go if they were to take one. The next day, Letich called a manager’s meeting and proposed his idea to take the residents* on a Caribbean cruise. Nine months later, they did.

Getting there (there being the Bahamas) wasn’t easy. Challenges ranged from hunting down birth certificates to apply for passports, to the type of oxygen the airline would allow onto the plane, to realizing, just weeks before the trip, that two of the nurses that were to accompany the residents were not licensed to practice outside of the state of Minnesota. However, Letich and his staff persevered, and the trip to the Bahamas was a go!
The wonderful side effect about all vacations — and this happened at Camden, was the effect the planning and preparation had on all the residents — even those who could not go. Nurse practitioners were able to decrease psychotropic medications as anxiety and depression were replaced with enthusiasm and dreams. There was a new sense of excitement in the nursing home as each Thursday, over 50 residents would meet to discuss the cruise: residents reviewed the itinerary, tried on donated suits and formal gowns, met with travel agents, and dissected all the other details that are part of planning a trip. Group exercises were even held to improve balance (and others just wanted to lose a few pounds).

On November 19, 25 residents, 11 staff, and two family members boarded the plane to Miami. And the four-day, three-night trip to the Bahamas was a success. “You can’t imagine how much fun we had,” commented one resident.

But it doesn’t end there.

Taking into account individual preferences and expectations, not everyone wanted to fly to Florida and then board a ship. So for summer 2011, a closer-to-home vacation was the choice — a getaway to Camp Friendship at Clearwater Lake for three days of fishing, pontoon rides, campfires, and hayrides.

And there’s already talk of next year’s trip — possibly a seven-day trip to Cozumel!

Read about the resident vacations in articles by Warren Wolfe from the Star Tribune. They include two pre- and post-cruise articles: “Setting sail with gusto” and “Cruise was a big hit with residents,” as well as one on this summer’s trip up north, “Vacation, the sequel” — http://www.startribune.com/local/minneapolis/128109693.html.

*The trip was paid for by donations, allowing all those who could be transferred by a two-person transfer the opportunity to go.

Excellence Can Be Found in Our Caregivers

By Patti Cullen, CAE

We are fortunate in the long-term care profession to work with so many caring individuals who have a passion for this line of work, and who definitely stay in the profession for the service, not the money. When we publicize the availability of scholarship funds through our Foundation, we ask a series of questions for applicants to respond to when requesting funds: Why did you choose older adult services as a career? What do you want to do with your life and how do you hope to impact the older adult services profession? Provide a specific example of when you positively impacted someone through the care or services you provide. How have you positively impacted your organization and increased effectiveness? There have been so many heartwarming responses to these questions — especially the request for a specific example — that we wanted to share a few excerpts with you as examples of excellence being recognized by awarding scholarships for continuing education:

“When I started in long-term care, not much time was spent on discharge planning and today I am a strong supporter and advocate for safety and effectively discharging residents to a more independent living situation. Recently, I made a positive impact in someone’s life by assisting in the arrangements for this resident to have a semi-electric bed in their home. ... I was able to research this and make the arrangements for delivery of a bed to his home. When I told him about the arrangements and the coverage for this with his insurance, he was ecstatic!”

“I have several residents in my facility who love cats. They have pictures of kitties from magazines, cards, posters, and such decorating their walls. ... I recently took in an abandoned kitten, even though I have never been much of a cat lover myself. The kitten had such a mild disposition, I knew it would do well with my residents. I started bringing her to work with me for half of a day once a week. We not only visit my residents who are notorious cat fans, we stop to see everyone. Even the residents with severe dementia will pet the kitten. It is wonderful to see the joy such a simple visit can bring. Their eyes light up and they smile whenever they see Tabby coming down the hall. It’s very easy to get caught up in the medical aspect of long-term care; we are so consumed with diagnoses and medications that sometimes we forget about the importance of providing...
happiness."

“When I think of all of my experiences as a caregiver, this particular situation constantly challenged me. You see, through B.K.’s time with us he was diagnosed with ALS. His care continually changed as he progressed into his disease. ... As B.K.’s level of care changed, communication did also. Throughout the experience I became one of the few caregivers who was aware of his personal needs, and who could also continue to follow the decline in his communication. Through that we developed a trust, a friendship. I know that as B.K. declined, his trust for me was high. In all relationships we have with people, one of the greatest attributes of people is trust. ... I know that as B.K. came to his last days, he will remember me, as I will always remember him.”

“I have had countless experiences when I know what I do for a living made a positive impact on someone’s life. The times that stand out for me the most are when I am caring for an individual who is nearing the end. I feel it is so important that they not feel alone at such a critical time for them and their families.”

“I was taking care of a resident who was terminally ill with throat cancer. ... This individual couldn’t speak, but used a white board to communicate. In the middle of my shift this resident took a turn for the worse and was not going to make it through the day. On the white board I wrote to the resident and asked if he would like someone to sit with him and read daily devotions to him to help ease his pain and anxiety. He wrote back “YES”! At the end of my shift, I punched out and went to read to the resident for four hours and held his hand. About two hours into my reading he went unresponsive which was to be expected. I feel that even though someone is unresponsive, they are still able to hear. So for two more hours I continued to read and watch this man die in peace. I know that he knew I was there to the end.”

Patti Cullen, CAE
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Joint Commission Eisenberg Awards for Patient Safety and Quality

By Doug Beardsley

The Eisenberg Award recognizes major achievements of individuals and organizations in improving patient safety and health care quality, consistent with the aims of the National Quality Strategy — better care; healthy people and communities; and affordable care. Better care in particular focuses on improving the overall quality by making health care patient-centered, reliable, accessible, and safe.

Applications for the 2011 Eisenberg Awards are now being accepted.

Awards will be given in the following categories:

- **Individual Achievement** (PDF)
- **National — System Innovation in Patient Safety and Quality** (PDF)
- **Local — System Innovation in Patient Safety and Quality** (PDF)

Awards will be presented at NQF's 2012 annual conference.

The John M. Eisenberg Patient Safety and Quality Awards were established in 2002 by the National Quality Forum (NQF) and The Joint Commission in memory of John M. Eisenberg, MD, director of the Agency for Healthcare Research and Quality, a member of the founding Board of Directors of the NQF and an impassioned advocate for health care quality improvement. These annual awards perpetuate the enduring contributions of this health care and community leader by recognizing the achievements of individuals who have made significant contributions to improving patient safety and health care quality, as well as individuals and organizations who, through a specific initiative or project, have made an important contribution to patient safety and health care quality.

The Eisenberg awards are presented annually at the NQF’s annual conference. The 2012 annual conference is scheduled for **April 3–5, 2012** in Washington, DC. All award recipients must be available to attend the NQF...
conference to receive the award. Recipients of the 2011 Eisenberg awards will be notified by February 1, 2012.

Eligibility

The accomplishments of award nominees/applicants should be clearly linked to the principles that Dr. Eisenberg promoted throughout his career. These include:

- dedication to improving the quality of health care and patient safety
- leadership in advancing methods for measuring and reporting health care quality
- expanding the public's capacity to evaluate the quality and safety of health care
- promoting health care choices based upon information about safety and quality

Eligible organizations include integrated health systems, individual hospitals, hospital systems, multispecialty group practices, and chronic care programs, as well as unit or business lines within an organization engaged in patient safety initiatives. Organizations that can be accredited by the Joint Commission must be accredited in order to be eligible for consideration.

Self-nominations are welcome.

Evaluation

An award panel comprised of nationally-recognized patient safety and health care quality experts identified by the Joint Commission and NQF will evaluate award submissions and identify award recipients. The award panel decisions are final. All materials become the property of the Joint Commission and NQF and will not be returned. The award panel will not consider incomplete nominations/applications.

General information about the awards

The following provides a brief summary of key award nomination/application information. More detailed information can be obtained by following the related links.

- Award submissions will be due to NQF by close of business on October 3, 2011.
- An application fee of $295 must be submitted with your nomination/application. Payment should be made by check to National Quality Forum.
- Organizations that can be accredited by the Joint Commission must be accredited to be eligible for the award.
- Applicants not selected for an award in any given year are invited to re-submit in subsequent years.
- An email confirming receipt of your nomination/application will be sent to the identified contact person within 10 business days of receipt of the nomination/application.
- Award recipients will be notified of the award panel's decision no later than February 1, 2012.
- The award recipient must attend the ceremony to receive the award.
- No information about the outcome of award panel decisions can be provided prior to the official notification of the award recipients.
- Application-specific feedback will not be provided.

Award categories

The Eisenberg Award recognizes major achievements of individuals and organizations in improving patient safety and health care quality, consistent with the aims of the national quality strategy — better care; healthy people and communities; and affordable care. Better care focuses on improving the overall quality by making health care patient-centered, reliable, accessible, and safe.

Awards for 2011 will be given for individual achievement, and system innovation at the national and local levels.

Review each of the award categories below and select the one that most appropriately describes your contemplated award submission. Click on the associated link to access the submission requirements and application form for that award category.
Individual Achievement

Nominees must be able to demonstrate how their body of work contributed to one or more of the following:

- Sustainable changes to practices or programs
- Creating/fostering a culture of safety and patient engagement
- Improving safety in care delivery systems
- Fostering new leaders in patient safety
- Enhancing the body of research that underlies innovative patient safety efforts

Self-nominations are welcome. View nomination information and form (PDF)

National — Innovation in Patient Safety and Quality

Eligible applications must be able to demonstrate a specific and significant contribution to patient safety and health care quality. Original projects or initiatives involving successful system changes or interventions that make the environment of care safer or that advocate on the patient's behalf are eligible for an award. These innovative projects or initiatives may include:

- Using new technologies
- Implementation of protocols and procedures
- Promoting and dissemination of best practices
- Transformation of organization culture
- Outreach (legislation, media, etc.)
- Promoting patient advocacy

The focus of the project or initiative extends beyond local areas to achieve national or regional (e.g., statewide) impact. View application information and form (PDF)

Local — Innovation in Patient Safety and Quality

Same as above, but focuses on projects or initiatives at the local, community or organizational level (i.e., not national or regional in scope and impact). View application information and form (PDF)

*Please note: Awards may be given, but need not be given, in each category every year.

Inquiries

Questions about the award should be directed to: Sarah Callahan, Senior Director, Education at scallahan@qualityforum.org or 202-559-9450.

Past award recipients

A list of past award recipients is available here.

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Minnesota Facilities Receive National Quality Awards

The American Health Care Association and the National Center for Assisted Living (AHCA/NCAL) have announced the recipients of the prestigious Silver – Achievement in Quality awards. Only 32 facilities nationwide will receive the 2011 Silver award; of these, Minnesota facilities will receive two.

The Minnesota Silver Quality award recipients are:

- St. Benedict’s Senior Community, St. Cloud
- St. Brigid’s at Hi-Park, Red Wing
The **Silver – Achievement in Quality** award is the second in a series of three quality awards offered by AHCA/NCAL. Silver recipients have demonstrated a level of achievement in their quality journey through good performance outcomes that have evolved from the ways they embrace the core values and concepts of visionary leadership; focus on the future; resident-focused excellence; management by innovation; and focus on results and creating value.

Fourteen Minnesota facilities will be presented with the **Bronze – Commitment to Quality** award, the first in the series of quality awards. Bronze recipients began their quality journey by developing an organizational profile including vision and mission statements, an awareness of their environment and customers’ expectations, and a demonstration of their ability to improve a process. The 14 Minnesota recipients are:

- Arbor Gardens, Eyota
- Bridges Care Community, Ada
- Golden LivingCenter – Rochester East, Rochester
- Golden Valley Rehabilitation and Care Center, Golden Valley
- Good Samaritan Society – Comforcare, Austin
- Good Samaritan Society – Inver Grove Heights, Inver Grove Heights
- Health and Rehabilitation of New Brighton, New Brighton
- Mala Strana Health Care Center, New Prague
- Minnesota Masonic Home – Assisted Living, Bloomington
- Old Main Village, Mankato
- Richfield Health Center, Richfield
- St. Anthony Health Center, St. Anthony
- The Commons on Marice, Eagan
- Villa Health Care Center, Mora

The quality award program has three progressive levels: bronze, silver, and gold. Applications are judged by trained examiners; facilities must achieve an award at each level to progress to the next level.

Both the bronze and silver recipients will be recognized on Wednesday, September 21 during the general closing session of AHCA/NCAL’s 2011 Annual Convention in Las Vegas, NV. Minnesota’s 2011 Quality award recipients will also be recognized at Care Providers of Minnesota’s annual convention in November, at the Celebration of Caring dinner.

**Congratulations!**

### 2012 AHCA/NCAL National Quality Award Applications Now Available!

*By Doug Beardsley*

The 2012 AHCA/NCAL Bronze, Silver and Gold National Quality Award application packets are now available on the Quality Award website. Applicants at all levels are encouraged to download the application packet and start the application process early. The 2012 deadlines are as follows:

- Intent to apply deadline — January 12, 2012
- Bronze application deadline — February 15, 2012
- Silver and Gold application deadline — March 1, 2012

Please keep in mind that all deadlines are at 8 p.m. EST.

In addition, two important changes have been made to the Silver application process.

- Silver criteria: The Silver criteria have historically focused on the core values and concepts of the Baldrige criteria. The Silver criteria have now shifted to reflect the Baldrige criteria directly. This shift in the criteria
will allow participants to begin understanding and focusing on the Baldrige criteria at the Silver level.

- Silver pre-screening protocol: All Silver applications will be subject to a pre-screening process prior to being forwarded to the examiner teams for review.Applications that do not meet the pre-screen criteria will receive a foundational feedback report.

Never applied or trying to decide if you want to apply for the next level? Learn more about the process and award levels here. Any facility that is a member in good standing of Care Providers of Minnesota may apply.

Join the following Care Providers of Minnesota member organizations who are already involved in the National AHCA/NCAL Quality Awards:

**BRONZE Quality Awards**

Arbor Gardens
Benedictine Health Center
Benedictine Health Center at Innsbruck
Benedictine Health Center of Minneapolis
Benedictine Living Community of St. Peter
Bethel Care Center
Birchwood Arbors
Birchwood Health Care Center – Forest Lake
Bridges Care Community
Cerenity Care Center on Dellwood Place
Cerenity Care Center, Residence & Transitional Care Unit on Humboldt
Cerenity Senior Care – Marian of St. Paul
Country Manor Healthcare Campus – Sartell
Country View Senior Living Community
Evergreen Terrace in Grand Rapids
Galtier Health Center
GlenOaks Senior Care Campus
Golden LivingCenter – Bloomington
Golden LivingCenter – Delano
Golden LivingCenter – Franklin
Golden LivingCenter – Hopkins
Golden LivingCenter – La Crescent
Golden LivingCenter – Lake Ridge
Golden LivingCenter – Lynwood
Golden LivingCenter – Moorhead
Golden LivingCenter – Olivia
Golden LivingCenter – Rochester East
Golden LivingCenter – Rochester West
Golden LivingCenter – Rush City
Golden LivingCenter – Slayton
Golden LivingCenter – Twin Rivers
Golden LivingCenter – Walker
Golden LivingCenter – Whitewater
Golden Valley Rehabilitation and Care Center
Good Samaritan Society – Ambassador in New Hope
Good Samaritan Society – Comforcare
Good Samaritan Society – Inver Grove Heights
Good Samaritan Society – St. Peter
Good Samaritan Society – Stillwater
Good Samaritan Society – University Specialty Center
Good Samaritan Society – Winthrop
Grand Meadow Healthcare Center
Health and Rehabilitation Center of New Brighton
Karlstad Healthcare Center
Mala Strana Health Care Center
May Creek Senior Living Campus
Meadows Assisted Living of Karlstad
Minnesota Masonic Home Assisted Living
Northome Healthcare Center
Old Main Village
Park Gardens of Fergus Falls
Park Health and Rehabilitation Center
Prairie View Healthcare Center
Red Wing Health Center
Richfield Health Center
Ridgeview Place
River Grand Senior Living
Robbinsdale Rehabilitation and Care Center
Saint Anne of Winona
St. Anthony Health Center
St. Eligius Health Center
St. Isidore Health Center
St. Michael’s Health & Rehabilitation Center
St. Raphael’s Health & Rehabilitation Center
Southview Acres Health Care Center
Sterling Park Commons
Sterling Park Health Care Center
Temperance Lake Ridge Senior Housing
Texas Terrace Care Center
The Colony at Eden Prairie
The Commons on Marice
Villa Health Care Center
Woodbury Estates
Woodbury Health Care Center
Woodbury Villa
Woodlyn Heights Health Care Center

SILVER Quality Awards
Cerenity Senior Care of White Bear Lake
Golden LivingCenter – Chateau
Golden LivingCenter – Greeley
Golden LivingCenter – Henning
Golden LivingCenter – Hillcrest of Wayzata
Golden LivingCenter – Linden
Golden LivingCenter – Otter Tail Lake
Golden LivingCenter – Wabasso
Good Samaritan Society – Albert Lea
Green Lea Manor – Mabel
St. Benedict’s Senior Community
St. Brigid’s at Hi-Park
St. Lucas Care Center
St. Mary’s Care Center – Winsted
The Meadows of Mabel

GOLD Quality Awards
Lewiston Villa
Madonna Living Community – Rochester
TalkingQuality Announces New Report Card Compendium for Consumers

By Patti Cullen, CAE

The Agency for Healthcare Research and Quality’s (AHRQ) mission is to improve the quality, safety, efficiency, and effectiveness of health care for all Americans. As one of 12 agencies within the Department of Health and Human Services, AHRQ supports research that helps people make more informed decisions, and improves the quality of health care services. AHRQ was formerly known as the Agency for Health Care Policy and Research. Agency for Healthcare Research and Quality has a program known as TalkingQuality. TalkingQuality is a comprehensive resource and guide for organizations that produces and disseminates reports to consumers on the quality of care provided by health care organizations (e.g., hospitals, health plans, medical groups, nursing homes) and individual physicians.

One of the resources for TalkingQuality is a consumer report card compendium. The report card compendium is a searchable list of over 200 health care quality reports for consumers. The web and print reports included in the compendium cover the quality of health plans, hospitals, medical groups, individual physicians, nursing homes, and other providers of care.

The compendium is meant to be wide-ranging and illustrative of a variety of strategies. While the entries are reviewed against the criteria explained below, they do not go through a vetting process. Consequently, while some entries are good examples of what to do, others are equally compelling examples of what report sponsors should avoid. The decision to include or exclude a report from the compendium is not a judgment on the part of the Agency for Healthcare Research and Quality (AHRQ) of the effectiveness or value of any report.

Purpose of the report card compendium

1. To serve as a reference. The compendium was developed as a resource for the many organizations that sponsor reports on health care quality. It can help report sponsors answer the following questions:
   - Who has been issuing reports on the quality of different aspects of the health care system?
   - What kinds of information have they been reporting?
   - How have they been presenting the data?

2. To illustrate guidance presented in TalkingQuality. The compendium supplements the guidance provided on the TalkingQuality website by providing easy access to descriptions of each report as well as links to the reports and sample pages.

3. To help make connections. The compendium provides contact information for each report to facilitate networking among report sponsors.

Criteria for inclusion in the report card compendium

The compendium includes reports that meet the following criteria:

- They are designed for consumers — defined as enrollees, employees, beneficiaries of Medicare or Medicaid, or the public at large.
- They are available to consumers. However, they do not have to be available to all consumers or available for free.
- They include comparative data on quality for more than one health care organization.
They provide information about one of the following types of health care providers:

- Health plans.
- Hospitals (inpatient and outpatient care).
- Medical groups/clinics.
- Individual physicians.
- Managed behavioral health organizations.
- Nursing homes.
- Home health agencies.
- Dialysis facilities.

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QIO News Features Information on Care Transitions Intervention

By Patti Cullen, CAE

QIO News has moved to a new electronic home – [www.qionews.org](http://www.qionews.org). The new site features current and past issues; the ability to download stories in PDF format; search and advanced search capabilities; and a place to submit story ideas. It is now also accessible via mobile devices. QIO News is a publication from the Centers for Medicare & Medicaid Services Office of Clinical Standards and Quality. In the June issue, there was a feature article under “Quality Talk” from Dr. Eric Coleman, creator of the Care Transitions InterventionSM, which is being used in several projects in Minnesota. All of the 14 quality improvement organizations (QIOs) conducting the CMS care transitions project are using Dr. Coleman’s Care Transitions InterventionSM. Here are some excerpts from this article:

**How did you develop the Care Transitions Intervention (CTI)?**

The Care Transitions InterventionSM (CTI) is unique compared to other case management approaches, because it is based in self-management. We engaged staff, patients and family caregivers as true partners from the very beginning to develop and help shape the model. We held group discussions with patients, specialists and professional caregivers to identify key self-management skills and tools to assert a more active role in self-care. We also consulted with financial leaders in hospitals and clinics to verify the financial sustainability of the intervention. Based on this input and the results of our research, we developed a model for self-management that focuses on four conceptual pillars: medication self-management; use of a dynamic patient-centered record; primary care and specialist follow-up; and knowledge of red flags.

During a four-week program, patients with complex care needs and their family caregivers receive specific tools and work with a “Transitions Coach” to learn self-management skills that will ensure their needs are met during their transition between care settings. This is a low-cost, low-intensity intervention consisting of a home visit and three phone calls.

The transitions coach helps the patient process the information they received at the time of discharge in a way that will resonate with them long after they’ve left the hospital. The coach is not intended to fix the patient’s problem, but rather, to model patient-activated behavior and monitor the patient’s progress across the care settings.

**What can health care providers do to help patients make a smooth transition from one setting of care to another?**

My advice for health care providers is to focus on the individual needs of the patient and their family as they transition from one care setting to another. Family caregivers are often the unsung heroes and act as the first and last line of defense when it comes to ensuring patient quality and safety between care settings. Engage with the patient and their family caregiver to help them identify their personal health goals and ways to achieve these goals through self-managed care. Patients are uniquely qualified to judge the quality of their care, and by
listening and responding to their experiences, we can ensure quality health care for all patients.

To learn more about the care transitions program developed by Dr. Coleman, please visit www.caretransitions.org. To learn more about the CMS care transitions theme and the work that QIOs are doing, go to www.cfmc.org/caretransitions.

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Did You Know?

By Patti Cullen, CAE

According to the Agency for Health Research and Quality’s Toolkit for Redesign in Health Care, all of the following are tools that facilitate health care process change except:

A. Baldridge Criteria for Performance Excellence
B. Lean/Toyota Production System
C. Plan, Do, Study, Act (PDSA)
D. Six Sigma

ANSWER: “A” is a tool that facilitates change in the environment, culture and/or workforce.

For more information, visit http://www.ahrq.gov/qual/toolkit.

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INTERACT Program Provides Tools to Reduce the Frequency of Transfers to the Acute Hospital

By Todd Bergstrom

The Interventions to Reduce Acute Care Transfers program (INTERACT) is a quality improvement program designed to improve the identification, evaluation, and communication about changes in resident status. INTERACT was first designed in a project supported by the Centers for Medicare and Medicaid Services (CMS). The current quality improvement project is supported by a grant from the Commonwealth Fund, and will involve a total of 30 nursing homes in the states of Florida, New York and Massachusetts.

The overall goal of the INTERACT program is to reduce the frequency of transfers to the acute hospital. Transfers to the hospital can be emotionally and physically difficult for residents and result in numerous complications of hospitalization; they are also costly.

In the plans for health care reform, Medicare may financially reward facilities with lower hospitalization rates for certain conditions. By improving the identification, evaluation, and communication about changes in resident status, some, but not all, acute care transfers can be avoided.

INTERACT has three basic types of tools: 1) Communication tools; 2) Care paths or clinical tools; and 3) Advance care planning tools.

To learn more about INTERACT and the tools it offers, visit the INTERACT website at http://interact2.net/index.aspx.

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Advancing Excellence Data for Minnesota

By Todd Bergstrom

According to the Agency for Healthcare Research and Quality (AHRQ) annual report on state-by-state health care quality data released on June 1, 2011, Minnesota ranks second in the nation for overall quality of health care, based on more than 100 measures reflecting health and health care across the continuum of care. Since 2006, Minnesota has consistently ranked among the top three states.

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<tr>
<th>Best performing states</th>
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<tr>
<td>NH</td>
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<td>MA</td>
<td>60.74</td>
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<td>RI</td>
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Percentile range across states

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<td>25th percentile</td>
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To view the entire set of data and make comparisons, go to the AHRQ website here.

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CEAL and UNC Promote Person-Centered Care Domains of Practice

By Doug Beardsley

The Center for Excellence in Assisted Living (CEAL), a unique collaborative of national provider, consumer, and advocacy organizations, and the University of North Carolina at Chapel Hill (UNC) have released a seminal report of person-centered attributes and indicators developed and approved unanimously by CEAL through an initiative funded by the Commonwealth Fund. View the report containing the person-centered attributes and indicators here.

“The creation of person-centered attributes along with measurable indicators developed by diverse national assisted living experts is critically important to inform the Affordable Care Act (ACA) legislation” said Sheryl Zimmerman, Ph.D., Kenan professor and co-director of the Program on Aging, Disability, and Long-Term Care at the Cecil G. Sheps Center for Health Services Research at UNC. “They clarify the distinction between the ACA’s mandated person-centered practices as opposed to institutional practices that will no longer be funded by CMS.”

CEAL believes that person-centered outcomes are a major underpinning of all aspects of desired assisted living practices and care. A service planning and operational process that is focused on person-centeredness is able to deliver on the core promises of assisted living that include maximizing privacy, autonomy, and choice; helping to foster meaningful life, engagement, and quality of care; and supporting meaningful access to the surrounding community.

“A key objective of CEAL is to identify and disseminate information that fosters practices, policies and research that promote excellence in assisted living, and to help make the industry aware of best practices as developed by experts. The development of person-centered attributes and indicators through a consensus process involving a wide range of stakeholders provides a strong framework for providers, regulators, and advocates to deliver on the core promises of assisted living,” said Josh Allen, Chair of CEAL.
Building from this effort, CEAL and UNC plan to conduct field research to test and validate the person-centered attributes and assisted living indicators. These are important and timely steps to ensure that national and state policies and assisted living practices are building upon evidence-based information.

CEAL, a nonprofit collaborative, includes representatives from AARP, Alzheimer’s Association, American Assisted Living Nurses Association, LeadingAge, American Seniors Housing Association, Assisted Living Federation of America, Consumer Consortium on Assisted Living, National Center for Assisted Living, NCB Capital Impact, Paralyzed Veterans of America, and Pioneer Network.

CEAL operates a national, web-based clearinghouse of information on assisted living; acts as a resource to bring together the diverse stakeholders of assisted living; and encourages research to maintain and improve the quality of assisted living communities and services. More information can be found at www.theceal.org.

The Program on Aging, Disability and Long-Term Care at the Cecil G. Sheps Center for Health Services Research, UNC conducts research, training, and other efforts to understand and promote optimal care and quality of life for older adults, especially those in residential care/assisted living settings and nursing homes. Other collaborative work conducted with CEAL includes the development of a manual for community-based participatory research, which can be found at www.shepscenter.unc.edu/research_programs/aging/.

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Excellence in Assisted Living

The Excellence in Assisted Living Award is one of Care Providers of Minnesota’s most prestigious awards to bestow upon a facility. The award recognizes an assisted living facility for exemplary dedication and commitment to quality in the care of its residents and the work life of its employees. Care Providers of Minnesota first presented the award to Chandler Place Assisted Living in 2005; English Rose Suites was the recipient of the award in 2008.

Recipients of the award complete a competitive two-step process. The first is a written application based on the National Center for Assisted Living’s (NCAL) guiding principles for quality in assisted living. Applicants describe how person-centered care is delivered, ethical practices, their mission and vision statements, quality improvements, and workforce issues. A written application must reach a score of at least 85% in order to proceed to step two: the tour.

The tour ensures that the written application is an accurate and clear portrayal of the services provided. During the tour, an applicant describes to Recognition Committee members who they serve, what makes their place special, and why they are deserving of the award. Non-management staff are asked to talk about what they like about working there, and tenants are asked to discuss overall impressions of the community.

After the presentation, Recognition Committee members will also observe areas such as the physical environment/general appearance of the facility, how employees interact with tenants, the nursing services available, housekeeping, dining (food choices; menu development), and life enrichment opportunities.

A finalist for this year’s Excellence in Assisted Living Award is The Commons on Marice in Eagan. Asked why they are deserving of the award — here’s what they said:

   The Commons on Marice deserves the 2011 Excellence in Assisted Living Award because we are a community who bases all programs, policies and procedures through our customer service philosophy, Platinum Service.

   Our facility has been in the area for almost 12 years and we have many employees that have been at The Commons for all those years and contribute to training all our newer employees.

   … the accommodations at The Commons on Marice have remarkable elegance associated with them.
There is a slight Italian theme with running fountains and background music throughout the facility. It is bright in color, and you will receive a smile and a hello from every staff member you see. We specifically train our staff to anticipate the needs of our residents and guests. We want people to remember us!

… our staff members are incredible; they care about all those around them … our dining program was the first in the area to provide an open dining plan, open from 7 a.m. to 7 p.m. with a full menu all day long. … we have an exceptional Life Enrichment department that throws incredible dances, parties and galas, ensuring the finest in entertainment. We have an amazing volunteer department with over 45 active volunteers, including St. Thomas Academy who continues year after year to come to the facility for our largest event, Senior Prom, to dance with our female residents!

The Commons on Marice deserves this award because we are an exceptional senior living community where the emphasis is on Living.

All 2011 Care Providers of Minnesota awards will be presented during the three-day 2011 Enrich & Inspire convention in November. Award recipients will receive recognition at the Convention, as well as an update in the December issue of Quality in Action.