Steps For Developing a Sustainable Quality Improvement System

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Great Plains
Quality Innovation Network

Overview

- Review steps to develop a sustainable quality improvement system for nursing homes to track, analyze, and eliminate off-label use of antipsychotic medications
- Discuss how this method aligns with QAPI and can be formalized as a performance improvement project (PIP)

10 Step Method

- Establish a leadership team
- Review CMS Survey Guidance to understand why and how
- Analyze CASPER resident level QM to determine your target population
- Triage
- QAPI
- Training
- Engage stakeholders
- Engage families
- Update policies and procedures
- Sustain and spread improvements

Establish a Leadership Team

- Needs to include all levels of staff
  - Clinical leaders and non-clinical leaders
    - DON
    - Managers
    - MDS Coordinator
    - Social Work
    - Activities staff
    - Direct care staff
- This team must have direct access to the staff closest to the residents and have regular interactions with staff to support them in making the adaptations

Prepare

- Review CMS Survey Guidance Documents
  - S&C 13-35-NH
  - F309 Quality of Care
  - F329 Unnecessary Drugs
  - https://surveyortraining.cms.hhs.gov/pubs/AntiPsychoticMedHome.aspx
- National Partnership to Improve Dementia Care
  - https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Surveyor-Checklist-SC-13-35.pdf

Analyze Your Resident Level Data

- Analyze the MDS CASPER resident level QM report to determine your target population (identify baseline)
  - Provides your target population
  - Data draws from the most recent MDS completed and its accuracy is dependent on accurate coding
  - Provides an on-going mechanism for monitoring your home's antipsychotic medication use
- For each resident with an "X", determine and discuss when and why the AP medication was started

Triage Your Population

- For each resident with an “X”, determine and discuss when and why the AP medication was started
  - Was the medications started before admission?
  - Was medication started during most recent hospital stay?
  - Is the medication being used as a sleep aid?
  - Was the medication started in response to a single or series of incidents?
  - Was medication started after a psych consult or geri-psych hospitalization?
  - Does the resident have any other related problems?

Make an Action Plan

- Group residents according to the type of action to take:
  - Group One
    - Correct coding errors for residents with mental illness
    - Track down diagnosis and update all documentation
  - Group Two
    - Residents with newly started antipsychotic medication
    - Residents who have PRN for care specific situations
    - Residents who are receiving antipsychotics for sleep
  - Group Three
    - Gain further insight from resident and/or family about the resident's history and patterns
    - Gain further insight from staff who work with the resident regarding care patterns and successful personalized interventions and triggers

Taking Action

- Reconvene the team within a month
  - Review recent CASPER report and discuss the status of each resident still triggering
  - Discuss progress on coding corrections
  - Discuss and review any GDRs and the impact
  - Share new information that has been learned and successful interventions
- Ensure you have a plan in place for addressing AP medication at time of admit and/or for acute episodes
- Communicate the plan and all new information with staff and stakeholders

Taking Action

- Slow down and discuss one resident at a time
- Start by looking into the person's background, personality, preferences and patterns
- Use quick stand-up huddles to discuss each person with the staff present who provide care
- Begin your tracking and trending
- Choose residents for in-depth work
- Ensure adequate communication processes

Training

- Training is vital to ensure staff “buy-in”
  - Off-label AP medications cause more harm than good
  - Understanding the perspective of the resident with dementia
  - Tracking and trending behaviors and successful interventions
  - Problem solving and personalized approaches

QI at the Resident Level

- QI at the resident level brings the process for AP reduction to the point of care
- Update care plan when each time the team has identified a source of distress and successful approaches
- Consistent assignment is key to building these relationships and ensuring the resident feels safe

QI at the Resident Level

- QI at the resident level has two components
  - Track and Trend
    - Keep it simple
    - Capture time and place, what was happening and what interventions resolved the distress
    - Look for patterns and solutions
  - Huddles
    - Every shift
    - Every event
    - Every week
    - Every department

Engaging Stakeholders

- Include stakeholders in your efforts
  - Medical Director
  - Consultant Pharmacist
  - Geri-psych
  - Attending Physicians
- Host a collaborative meeting
- Continuous communication

Engaging Families

- Family members are vital members of our improvement teams
  - Provides background information, routines
- Establish processes for information gathering to start at time of admit. This ensures that staff know right away how to help a new resident be comfortable
- Provide education to family members

Policy and Procedure Review

- Update your policies, procedures, MARs and other forms to align with the CMS May 13, 2013 memo and AMDA clinical best practices
  - Educate all staff on new policies
  - Develop a policy for 24 hour support to the staff closest to the resident to assist in instances of resident distress
  - Ban PRN use of antipsychotic medications

Sustain and Spread

- Keys to Sustaining the Gains
  - Capture and share key information during the first 24 hours
  - Huddle
  - Adjust to the resident's routine
  - Review CASPER monthly
  - Ensure open lines of communication and promote transparency
  - Don't call/send to geri-psych unless absolutely necessary
  - Integrate changed in approach into the care plan
  - QAPI
  - Support all efforts for spread

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