



## Highlighting ACE Updates, Best Practices, Resources, Tools, and Upcoming Events

# ACE Updates

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### **ACE Learning Session II: Valuable Content and Networking**

*QI closest to the resident for everyday problem solving*

**ACE Learning Session II** was held in three locations across South Carolina in October with returning guest speakers, Barbara Frank and Cathie Brady of B&F Consulting. Attendees also came together to share their own challenges, ideas, and current successful methods on the day's topics of avoidable hospitalizations, and better dementia care management of challenging behaviors that leads to elimination of off-label use of antipsychotics.

Dementia knowledge for all facility staff is vital to prevent facility generated harm. Some common dementia behaviors can be misinterpreted, but nursing station and bedside team huddles can address resident-specific behaviors, impact off-label use of antipsychotics, and improve dementia-related care.

Attendees brought copies of non-identifiable MARs from residents on psychoactive medications to address key issues, particularly, if there was a true psychiatric diagnosis to support their use, or if their use was an attempt to control a dementia related behavior, i.e. resistance to care?

There are only a handful of diagnoses (3!!!) to support antipsychotic drug use without triggering this Quality Measure. MDS team members can assist in analyzing the CASPAR report regarding psychoactive drug use and dementia care.

This session welcomed pharmacists and pharmacy students to the discussion. Consulting and provider pharmacists are important team members for identifying and questioning a valid drug use. The team should turn to their pharmacists when considering the effects of drugs in elderly patients, and especially those with dementia.

**“Antipsychotics were designed to lower dopamine levels for people with serious mental illness, but for people with dementia, it gives them a dopamine deficit that makes them more confused, distressed and in danger of falling.”**

*Leader Project to Improve Dementia Care, April 2015,  
Developed by B&F Consulting*

## **Meet Mr. McNally: It's All in the Cards...**

Our priority is to know who and what our residents are all about to correctly identify the origin of behaviors. If we don't, the result can be a medicated resident who ends up in poorer condition than when admitted.

In a team exercise, the group met *Mr. McNally*, who came to a SNF for a short stay following a stroke, but then gradually declined. Each table was given a deck of cards. Different cards revealed something about Mr. McNally; they contained information on his past, habits, and behaviors, actions taken by staff, and outcomes. Each table put the cards in the order they thought indicated the time line of his stay and discovered how uninformed care interventions led to an avoidable decline. This eye opening exercise led to more discussion about dementia basics.

Presentations from Learning Session II, including the *Mr. McNally* cards, were sent to everyone on the ACE membership list for use in facility education. If you missed them, please contact us at [scace@thecarolinascenter.org](mailto:scace@thecarolinascenter.org).

Many dementia behaviors can be successfully managed without drugs. Behavior solutions, however, must be individualized for each resident. For more information on many aspects of dementia care challenges and dementia training, try our ACE website for resources and tools: <http://atlanticquality.org/initiatives/nursing-home-quality/nursing-home-quality-sc/clinical-topics/>

## **Your QAPI Self-Assessment is a Key Part of the ACE Journey**

If your facility has not completed a QAPI self-assessment, please visit this website as soon as possible and enter your information: <https://isweb.ipro.org/qapi/sc/>

This self-assessment provides an excellent tool for identifying the steps in the QI process and tracking your progress. It is confidential, easy to complete, and allows security during transitions in leadership.

Important Points for QAPI success:

- As you develop your QAPI program, have each member look at the high risk, high volume issues that exist in their departments which in the end affect overall quality of care.
- Use the tools to have a productive meeting to focus and problem solve. Finger pointing and blame have no place in this meeting— search for the root cause of the problem instead.
- Use outside the box thinking; keep the safety and satisfaction of the resident and families as the goal.

Keep up-to-date by reviewing the Federal Register notice with the proposed rules for quality assurance and performance improvement. You can find this here: <http://gpo.gov/fdsys/pkg/FR-2015-07-16/pdf/2015-17207.pdf>. *Go directly to page 42265 towards the very end of the document. You will find the QAPI, 483.75, starting at the bottom of the first column.*

# Best Practices

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## CMS Hand in Hand: A Training Series for Nursing Homes

Remember, **everyone** makes up a nursing home community; **everyone** needs dementia training. Residents will establish relationships with all levels of staff, and staff need to be prepared to honor those relationships appropriately.

With dementia care closely woven into all aspects of quality improvement, if you haven't already, dust off your copy of *Hand In Hand* and make it *priority* training with ALL new employees and annually with all staff.

Training improves care, and guides staff in correctly identifying what they are seeing and hearing from the residents, and how to avoid unpleasant and potentially harmful interactions.

You can download all the *Hand In Hand* materials, including the DVD presentations, for use at your facility, or, you can buy the entire program professionally packaged here: <http://cms-handinhandtoolkit.info/Downloads.aspx>

The kit may appear daunting, but let us help you. We developed the *How To Use the CMS Hand in Hand Training for Dementia Care* ([http://atlanticquality.org/download/clin\\_top\\_dement\\_how\\_use\\_cms\\_handinhand.pdf](http://atlanticquality.org/download/clin_top_dement_how_use_cms_handinhand.pdf)) to guide instructors in how best to use the CMS toolkit. It provides an outline of the content and clear instructions on using the materials to train your staff.

# ACE Toolbox

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## Resources for Improving Staff Stability and Retention

Building on Learning Session I, experience and training lose momentum in the face of high turnover rates. Look at turnover rates, but also training content, design and time allotted. New staff can't absorb everything in one intense day of news reports; identify the training topics that are vital on day one and those that can be spread over time.

Innovation can be seen in South Carolina at the Richard M. Campbell Veterans Nursing Home, where Tim Hopkins, MSN, MHA, RN, developed a unique approach to CNA certification and orientation. First, the training program exceeds the requirements of both classroom and clinical instruction. Unique approaches to teaching has increased the pass rate to 100% in recent classes, decreased staff turnover, and increased staff satisfaction. Next, students are matched with a preceptor for two weeks of support and oversight. This reinforces taking proper care to heart and committing to best practice without short cuts. Both preceptor and learner benefit, and over time change the culture to one of all staff doing the right thing right from the start. Contact Tim at [thopkins@hmrvti.com](mailto:thopkins@hmrvti.com) for more information.

***Tell us about your success! If your nursing home has an innovative program or initiative, we want to hear about it and share it with our ACE facilities. We will introduce it in the newsletter, and include it in more detail on our website Toolbox. Call Marilee Mohr at (803) 212-7517.***

Use our website (<http://atlanticquality.org/initiatives/nursing-home-quality/nursing-home-quality-sc/org-change/>) for these additional resources:

- *All Hands on Deck*
- *Everyone Stands Up Together*
- *Hiring Well: Key Questions David Farrel Asks in Initial Interviews*
- *Providing on the Job Support for Newly Hired Nursing Assistants*
- *B and F Consulting : Staff Stability Toolkit*

## Mark your calendar...

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- **ACE Learning Session III...** *This program is moving from January to March, 2016. Sessions will be March 1, 2016 in Charleston, March 2 in Columbia, and March 3 in Greenville. Stay tuned for details on this upcoming event.*
- **Eden Alternative Coalition: *Creating a Culture of Person-Directed Dementia Care***

*LeadingAge South Carolina* is pleased to announce CMS has given a grant to support SC reduction of antipsychotic use. It is an opportunity to be on the forefront to implement a best practice environment for long-term care in our state.

The *Eden Alternative* curriculum is based on the award winning book, *Dementia Beyond Drugs*, by Dr. Al Power. The two-day comprehensive training session is followed by interactive and online group sessions, and self-directed learning and implementation.

The program will be January 21-22, 2016 at the South Carolina Hospital Association Conference Center in Columbia. The link to register 2 staff only from each facility can be found in the press release: <http://www.prweb.com/releases/2015/10/prweb13001916.htm>

Get more information on the Eden Alternative here: <http://www.edenalt.org/>