



Welcome to the ACE e-Newsletter! The purpose of this monthly electronic newsletter is to provide updates about the ACE Quality Journey, upcoming events, trending news, best practices, and a toolbox of resources. The goal is to support you in your work to improve resident care and outcomes, stabilize staff, build teamwork and frontline problem-solving skills, develop strong leadership skills, and fully integrate QAPI into day-to-day operations.

## ACE Updates

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Over 50 nursing homes attended the ACE Learning Session I in June. Barbara Frank and Cathie Brady of B & F Consulting presented ways to stabilize staff, develop nurse leadership skills, and reduce polypharmacy. Their website has many free tools, videos, and resources to help you in these areas. Click here for the website:

<http://www.bandfconsultinginc.com/Site/Welcome.html>

### \*\*\* Online QAPI Self-Assessment \*\*\*

A reminder for all ACE facilities to **complete the online QAPI Self-Assessment** this month. Each facility is asked to start or update the assessment at least once during the ACE Collaborative series. If you have not already done so, please do it today! Click here for the online tool:

<https://isweb.ipro.org/gapi/sc/>

### New ACE website is coming!

A variety of clinical and organizational change topics as well as QAPI implementation will be highlighted with standardized tools and resources in each area.

# Upcoming Events

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## **DON Advisory and NADONA Meeting**

The next quarterly meeting of the DON Advisory Group and NADONA is September 2 from 10 a.m. – 2 p.m. at the SC Pharmacy Association in Columbia. We will share best practices for dementia care and antipsychotic medication reduction. If you are not a member but are interested in joining, please let us know by contacting us here: [scace@thecarolinascenter.org](mailto:scace@thecarolinascenter.org)

## **SC Coalition for Dementia Care**

In alignment with national initiatives, The Carolinas Center for Medical Excellence (CCME) is partnering with stakeholders to form the *South Carolina Coalition for Dementia Care*. The focus of this coalition is improving the care of older adults living in institutional long-term care who have dementia. The coalition provides the opportunity for stakeholders to communicate directly about relevant programs and resources in order to accelerate improvements for older adults with dementia and to reduce the use of inappropriate antipsychotic medications. The coalition also intends to identify dementia care training needs for caregivers and leverage available methods for meeting these needs, as well as to develop new resources where indicated. An introductory meeting will be held September 2 from 3 – 4:30 p.m. at the SC Pharmacy Association. If you are interested in attending, please let us know by contacting us here: [scace@thecarolinascenter.org](mailto:scace@thecarolinascenter.org)

## **ACE Learning Session II**

Mark your calendars for October 20 (Charleston), October 21 (Columbia), and October 22 (Greenville) for the second ACE Learning Session. Barbara Frank and Cathie Brady return to talk about methods for antipsychotic medication reduction and how to improve dementia care with a focus on QAPI integration and data utilization. This session builds on the first ACE learning session and will include easy-to-use tools and resources for improving care and strengthening staff in your facility. Registration details will follow next month.

# Trending News

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## **Medication Related Adverse Events – New Trigger Tool for Surveyors**

In a Survey and Certification memo dated June 17, 2015, CMS shared information on Medication-Related Adverse Events and an Adverse Drug Event Trigger Tool. CMS has begun

pilot testing a Focused Survey on Medication Safety Systems to look at high risk and problem-prone medications using an Adverse Drug Event Trigger Tool. CMS is making the draft tool available to assist surveyors in investigating medication related adverse events and to nursing home providers as a risk management tool. Click here for the tool:

<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions-Items/Survey-and-Cert-Letter-15-47.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending>

### **Most significant reform in LTC since OBRA**

CMS filed a proposed rule in the federal register on 7/13/2015 entitled: *Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities*. This proposed rule would revise the requirements that Long-Term Care facilities must meet to participate in the Medicare and Medicaid programs. You can find the pre-publication version here:

<https://www.federalregister.gov/articles/2015/07/16/2015-17207/medicare-and-medicaid-programs-reform-of-requirements-for-long-term-care-facilities>

## Best Practices

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### **Community Coalitions to Improve Care Transitions and Reduce Hospital Readmissions**

Many nursing homes enrolled in ACE are partnering with hospitals, skilled nursing facilities, home health agencies, hospice agencies, social service organizations, primary care providers, patients, caregivers, and other state and regional stakeholders to form community coalitions. Community Coalitions work together to identify opportunities to improve care coordination. Using evidence-based interventions and quality improvement techniques, coalitions strive toward the state goal of reducing avoidable hospital readmissions by 20% by 2019. To learn more about coalitions or to join one in your area, please contact Heather Jones at [heather.jones@area-i.hcgis.org](mailto:heather.jones@area-i.hcgis.org) or Sarah Stein at [sarah.stein@area-i.hcgis.org](mailto:sarah.stein@area-i.hcgis.org).

**\*\*\* SAVE THE DATE \*\*\***

**Care Transitions Learning in Action Collaborative for Skilled Nursing Facilities**

**October 7, 2015 - April 2016**

Education, resources, and coaching will be provided on the practical use and implementation of the INTERACT Capabilities List and STOP and WATCH tools. Participants will implement interventions to reduce hospital readmissions and learn strategies for useful data collection and monitoring. For more information, please contact Heather Jones at [heather.jones@area-i.hcgis.org](mailto:heather.jones@area-i.hcgis.org).

## ACE Toolbox

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### Tracking Readmissions

There are a few different ways to track monthly readmissions. The goal is to count how many occur each month and then conduct a root cause analysis with an interdisciplinary team to determine the cause(s) of each transfer. Look for patterns and develop interventions to address them. Monitor each month to determine if the new interventions have reduced readmissions and continue problem solving with your team.

**1. INTERACT Tools** – Excel spreadsheet to calculate rates and worksheets for root cause analysis. All tools are free and may be downloaded at <https://interact2.net/index.aspx>.

**2. Advancing Excellence Campaign Tools** – Excel spreadsheet to calculate rates. All tools are free and may be downloaded at <https://www.nhqualitycampaign.org/>.

### Using SBAR to Reduce Readmissions

An excellent article in the *Annals of Long Term Care* describes a feasible, low-cost project to train nurses in the use of SBAR to identify, communicate, and respond to early changes in the resident's medical condition. In this article as well as other reports, SBAR use that is timely and includes high-quality clinical data is associated with lower overall unplanned hospital transfers. Click here for the full article: <http://www.annalsoflongtermcare.com/article/implementing-sbar-communication-protocol-quality-improvement-project>

This material was prepared by the Atlantic Quality Innovation Network (AQIN), the Medicare Quality Improvement Organization for New York State, South Carolina, and the District of Columbia, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy. 11SOW-AQINSC-TskC.2-15-23