News for the South Carolina Action Collaborative for Excellence (ACE) in Long-term Care

Quality Leaders
Making nursing homes better places to live and work

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

Reflections on ACE Learning Session III
"... not your gramma's nursing home anymore..."

The final session in the ACE Learning Series again found enthusiastic and eager professionals learning not only from the presenters but from each other as well. We know the reality is our residents arrive with higher acuity, and old models of care just don't work as well anymore. We don't consistently meet residents' needs or the increased demand for skilled care, and our payers expect higher quality outcomes in return for their dollars. Add to that easy access to the ratings of your facility and your competitors, and you have a challenge not previously seen in the long-term care industry. But, you can turn this into an opportunity to develop a multi-step plan for improvement and sustainability using the guidelines and resources presented in the ACE Learning Series.

Here are recent ACE highlights. Be sure to check our website for more information: http://atlanticquality.org/initiatives/nursing-home-quality/nursing-home-quality-sc/

Savvy shoppers know where to look on Nursing Home Compare: https://www.medicare.gov/nursinghomecompare/search.html?

As you may already know, this website provides star rating scores for you and your competitors and outlines each component (e.g., health and fire safety inspections, staffing, quality measures, penalties), so that shoppers can determine which home has the better overall rating. Star ratings are also used for establishing networks for managed care and ACOs, setting liability insurance rates, and by lawyers trolling the internet for SNFs who provide poor quality. If they all know your rating, you and your team must consistently review your scores, analyze them, and determine where and how to improve each component. Other data sources identified include the Composite

Score, Resident Level CASPER Report, and monthly pharmacy report. These data sources put faces to quality concerns, and provide consistent, trackable information to use for quality improvement activities. All of these sources are excellent ways to determine areas for improvement and to benchmark your scores against both state and national averages.

The most frequent F-tag is "failure to follow care plan" which begs the question, "Are there disconnects along the way from the resident to the caregivers and the interdisciplinary team?"

Collecting data for its own sake is meaningless, but taking raw data and turning it into information to improve operations is powerful. So much data can be overwhelming but it can be successfully managed through a strategy called the "white board" approach. The white board is a multidisciplinary tool that identifies concerns and problems, and creates a watch list of residents who are at risk for any number of reasons (e.g., residents on blood-thinners, with recent falls, on antipsychotic medications, with urinary catheters, newly admitted). It should include those residents that any team member feels deserves attention.

But the board doesn't do the whole job. It's the team who huddles around the board daily, at change of shift, or other designated times, to report on problems and improvements of residents. Anyone who has a concern or involvement in the resident's care should be included in white board huddles, CNAs up through the administrator. Boards are best placed in areas accessible to all staff, but still provide PHI protection. Some teams use one large white board for the morning meeting and smaller versions for each unit. Some white boards are portable. How many and how you use them is individual for each community and nursing unit.

The white board keeps staff focused on residents who are changing, need escalating care, and need to be watched more closely. This helps reduce the time between onset of even subtle symptoms, diagnosis and treatment, and keeping a resident at home.

Some *Action Steps* to consider when using the white board approach:

- **Improve critical thinking skills.** A morning meeting at the white board can develop critical thinking skills for nursing staff and facilitate the use of watch lists, action plans, and just-in-time teaching using care paths and SBAR.
- **Include input from frontline staff.** Huddles at the white board include CNAs identifying residents they are concerned about and adding details and action steps. Frontline staff have the best and latest information which can make the difference and should be included.
- **Engage and empower all staff.** Everyone follows up, communicates, and updates the white board.

- **Improve communication and empower CNAs.** The development of CNA critical thinking skills accelerates when charge nurses use just-in-time teaching.
- **Improve charge nurse leadership skills.** Use of QI tools, clinical pathways, and SBAR develop nurses' clinical and leadership skills.

Encouraging CNAs to participate and then integrating their findings into the huddle automatically helps increase their skills. Good clinical nurses are in high demand. Encouraging them to think at a higher level (at the top of their license!) through improved clinical, interpersonal, and leadership opportunities results in better resident outcomes and a successful, stable nursing force. White board huddles encourage and bring out opportunities to educate and raise the entire team's level of professionalism. Staff who perform at the top of their game will stay.

The brief video shown here gives a great introduction to using white boards: http://www.bandfconsultinginc.com/Site/Free_Resources/Entries/2016/3/9_White_Boards_for_Communication_From_the_Conference_Room_to_Staff_Closest_to_the_Residents.html

When working with a white board or any approach to identify residents at risk, it is critical to ensure that consistent assignments are maintained. Knowing a resident's baseline is a must to detect early changes and deliver individualized care. We know consistent caregivers detect subtle changes more quickly, and residents want and enjoy the connection to "their caregivers." There are staffing models out there that allow you to match residents with consistent staff. But you have to commit to it and do it. Using an *All Hands on Deck* philosophy helps establish and sustain this consistency.

Tools such as the new CCME Readmissions Tracker apply the idea of using simple, trackable information to determine areas for improvement. The easy-to-use tool trends and graphs your readmission data to identify root causes and develop solid interventions. This upcoming webinar will provide you with more information on using the CCME Readmission Tracker. Please register below.

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CCME Learning in Action Collaborative for SNFs and HHAs
INTERACT Implementation Webinar 6: Readmission Tracker
Thursday, March 17, 2016
11:30 a.m. – 12:30 p.m.

Register Now!
https://qualitynet.webex.com/ec3000/eventcenter/enroll/join.do?siteurl=qualitynet&confId=3825727444

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CCME would like to help SNFs and HHAs prepare for the future changes in health care delivery and payment systems by focusing on reducing hospital readmissions. The new CCME Readmissions Tracker will be reviewed step by step. To register for the webinar,

click the **Register Now** link above or visit https://qualitynet.webex.com and locate the event titled **INTERACT Implementation Webinar 6.** They are listed by date.

You can access the recordings for the previous webinars in the series here: http://atlanticquality.org/initiatives/care-coordination/care-coordination-sc/

This group is pondering the notion that every hospitalization is potentially avoidable. This is very different than the old approach, *when in doubt send them out!*

Put these concepts together for implementation, and you have a great start on making your nursing home a shopper's first choice, empowering and keeping the best staff, giving great quality care, and sustaining results to take on the next set of challenges.

The tip sheet that captures all of the critical aspects necessary for overall quality entitled, *A Communication Infrastructure for Prevention Starting from the Point of Care,* is available at our website here: http://atlanticquality.org/initiatives/nursing-home-quality/nursing-home-quality-sc/presentations-and-handouts/

Please note that the extensive PowerPoint presentation from this program will be added to the ACE website soon. We will notify you when it is posted so that you can access this valuable information.

Many thanks to Barbara Frank and Cathie Brady
of B&F Consulting for this excellent series.