



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

Make Tracking Your Readmissions Easier

Introduced at the recent ACE learning sessions, we are pleased to share the refined and user-friendly **CCME Readmission Tracker**. Set up in an *Excel* spreadsheet, it provides for easy data collection and automatically creates graphs to help you identify challenges and track your progress.

You can access the CCME Readmission Tracker here:

<http://atlanticquality.org/download/CCME-Readmission-Tracking-Tool-FINAL.xlsm>

Please note that the tool provides a referral for user technical support, if needed.

"It Always Seems Too Early, Until It's Too Late"

This is the theme for this year's National Healthcare Decisions Day, which is April 16th. In long-term care, sadly, we often see this happen: the family who insists dad goes to the hospital one more time, the spouse who can't see the ravages of dementia in their loved one, and crisis decision-making that upsets even the strongest support system. Too many times we may have stood by helpless, but more and more staff in homes across the country are working harder to educate their peers, residents, and families on the benefits of advance planning.

South Carolina recognizes both a durable power of attorney and a living will as legal documents. The first identifies the trusted person you have selected to honor your wishes and speak for you on health care matters when you are unable to speak for yourself. The living will indicates your decision on the use of specific life sustaining interventions, such as CPR, dialysis, tube feedings, and artificial ventilation.

You can make changes to these documents at any time if you wish, but make sure that you always have the most current document available for healthcare providers.

To make advance care planning a priority in your community, all team members must be well informed and ready to answer questions that may arise during care. As we know, residents and loved ones will often seek out anyone they feel comfortable with no matter what their role is in the organization. Staff must be comfortable and knowledgeable on the topic to educate and empower residents and families.

Compile resources in your organization that you can use to start the conversation or respond to a request to start a conversation.

A brochure entitled, *Isn't It Time We Talk*, is a tool that will help staff and families explore the topic of advance care planning:

<http://www.scha.org/files/documents/Isn%27t%20It%20Time%20We%20Talked.pdf>

Specific legal information for South Carolina, general information, as well as helpful resources and tools are available on the South Carolina Hospital Association website:

www.scha.org/shared-decision-making

There are other valuable resources at the national level, as well: www.NHDD.org/tools

You may have heard about the Five Wishes program. It is a nationally accepted document that helps people focus on their advance planning decision-making in a simple and easy manner. It simplifies the planning into five steps that are easy to understand, and does not require the assistance of a lawyer. It can be done online or by hand, and it meets the South Carolina legal requirements. This is another good resource to have on hand: www.agingwithdignity.org/five-wishes

How your community can recognize National Healthcare Decisions Day:

- Identify resources and educate all staff, including your physicians.
 - Make advanced decision-making a part of resident and family meeting conversations and minimize crisis decision-making.
 - Provide resources to educate residents and families, reassuring them that their wishes can change whenever they feel it is important.
 - Encourage your physician staff to begin conversations and include other staff for support whenever a terminal diagnosis is made.
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The Value of the Composite Score

By now, all ACE enrolled members have received their facility **Composite Score**. For those who missed ACE Learning Session III, this is a tool to help you gauge your overall quality and identify areas for improvement. This score reflects your strengths from a systems perspective and is not part of the "*band-aid*" or piece meal approach we sometimes use to address problems.

For example, if you have residents on antipsychotic drugs without the appropriate diagnosis, your solution could be to simply discontinue those drugs. That certainly would eliminate that problem. But, if you don't have a plan to manage the residents' distress, recognize your residents' needs and values, educate staff on best dementia practices, and incorporate the interdisciplinary team into the planning process, it will still just be a *band-aid* and not an improvement in care. In fact, it may then show up in your other quality measures such as falls, pain, weight loss, and depression. If you put *band-aids* on all of your quality measures, you will not improve the overall quality of resident care.

Your MDS 3.0 Resident Level Reports from CASPER provide details on the residents who trigger for each of the quality measures, and it guides you to both individual and systemic problems to be resolved. It is your map to define the extent of a problem with particular quality measures. Residents who trigger in multiple categories indicate a bigger issue no matter how low the numbers may be. This is your basic work sheet to get you focused.

The Composite Score reflects your overall quality by combining 13 key Quality Measures. It is generated by adding all the numerators and all the denominators of each quality measure, dividing the numerator by the denominator, and then multiplying by 100.

According to research conducted by CMS, an overall composite score of 6 or below represents good quality. Nationally, 10% of nursing homes have been able to achieve and sustain a score of 6 or below.

Your personal report also indicates how you compare with state and national scores for each quality measure as well as the overall Composite Score; this information provides important benchmarks for comparison. If you look at the date on the score sheet, you will see it is a cumulative report spanning a period of time.

The Composite Score also measures how CCME, as your state QIO, is doing in providing the right resources and tools to help you improve your processes and outcomes. Going forward, we will provide each ACE nursing home with their individual report on a quarterly basis. This will include the one-page table of each quality measure, and the

overall Composite Score with state and national benchmarks. In addition, you will receive graphs that trend measures over time to track your progress. Look for the next one to arrive in June.

In the meantime, take advantage of the resources and tools on our website (<http://atlanticquality.org/initiatives/nursing-home-quality/nursing-home-quality-sc/>), and contact us at scace@thecarolinascenter.org if you think you may need some technical support to approach your quality measures. All of the ACE learning sessions have provided ideas and solutions to address many of the underlying issues to sustain quality care.

How does your nursing home compare?
Composite Score for SC Nursing Homes
(May 2015 – October 2015)

Quality Measure	ACE Rate	State Rate	National Rate
Percent of residents with one or more falls with injury	3.43%	3.29%	3.32%
Percent of residents who self-report moderate to severe pain	8.13%	8.08%	8.64%
Percent of high-risk residents with pressure ulcer	6.86%	7.02%	6.48%
Percent of residents NOT assessed and appropriately given flu vaccine	5.35%	5.29%	5.69%
Percent of residents NOT assessed and appropriately given Pneumococcal vaccine	5.14%	4.91%	7.22%
Percent of residents with a UTI*	6.90%	6.83%	4.52%
Percent of low-risk residents with loss of bowels or bladder*	51.17%	53.19%	46.25%
Percent of residents with catheter inserted or left in bladder	2.95%	2.91%	3.57%
Percent of residents physically restrained*	1.93%	2.12%	0.78%
Percent of residents whose need for help with ADL has increased	15.06%	15.46%	15.77%
Percent of residents who lose too much weight*	9.56%	9.67%	7.69%
Percent of residents who have depressive symptoms*	1.49%	1.69%	5.88%
Percent of residents who received antipsychotic medications	14.45%	14.38%	16.58%
COMPOSITE MEASURE (Goal = ≤ 6)	7.80%	7.93%	8.38%

*Reflects scores higher or abnormally lower than national average and are areas for statewide improvement.

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.2-16-06