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

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The National Partnership to Improve Dementia Care in Nursing Homes: Antipsychotic Medication Use

Source: CMS Quality Measure, 2018Q2, based on MDS 3.0 data

The National Partnership to Improve Dementia Care in Nursing Homes is committed to improving the quality of care for individuals with dementia living in nursing homes. The National Partnership has a mission to deliver health care that is person-centered, comprehensive and interdisciplinary with a specific focus on protecting residents from being prescribed antipsychotic medications unless there is a valid, clinical indication and a systematic process to evaluate each resident's need. CMS promotes a multidimensional approach that includes; research, partnerships and state-based coalitions, revised surveyor guidance, training for providers and surveyors and public reporting.

CMS is tracking the progress of the National Partnership by reviewing publicly reported measures. The official measure of the Partnership is the percentage of long-stay nursing home residents who are receiving an antipsychotic medication, excluding those residents diagnosed with schizophrenia, Huntington's Disease or Tourette's Syndrome.

- In 2018Q2, a national prevalence rate of 14.6 percent has been achieved (the equivalent of a decrease of 38.9 percent since 2011Q4)
- Among only facilities with the highest rates of antipsychotic drug use, defined as “late adopters”, the prevalence of these drugs decreased 11.7 percent from 2011Q4 to 2018Q2, representing 21.1 percent of long-stay residents.
- In 2018Q2, South Carolina (SC) facilities ranked 13th (lower=better) nationally in this measure
- SC facilities exhibited a relative improvement rate (RIR) of 20.7 percent (based on cumulative data for 2017Q4 to 2018Q3) per Progress Report, January 10, 2019 date. The January 2019 goal was to achieve a greater than 15% RIR.

A great tool available for nursing home use addressing this critical measure is the National Nursing Home Quality Collaborative’s publication: Change Package, April 2017, Version 2.2, Attachment 2: Bundle to promote avoidance of antipsychotic medications in residents living with dementia. You can access it here: https://www.nhqualitycampaign.org/files/NH_ChangePackage_v2.2_05-11-2017.pdf

Please register for this upcoming event:
Music & Memory®: It Isn’t Just for Recreation Anymore!
Thursday, February 21, 2019 from 12 Noon - 1:00 PM EST
Register here: https://register.gotowebinar.com/register/9014527895629540867

This field-tested, evidence-based personalized music program is generating wide-ranging, scalable therapeutic outcomes across healthcare settings and at home for individuals with physical, mental, intellectual or cognitive challenges. It’s an effective tool to: reduce agitation, aggression, resistance to care, pharmacologic interventions, falls, depression, pain, and transfer trauma.

The program supports: independent living, quality measures, personal choice, enhanced nutrition, social engagement, aging in place, caregiver support and respite, intergenerational and community support, and fosters team building and life-affirming moments.

Presenter: Deborah Ferris, CDP, Regional Director, Southeastern U.S., Music & Memory® Member, South Carolina Coalition for Dementia Care in Nursing Homes
(This is the second webinar in a series “The Carolinas Center for Medical Excellence Shines the Spotlight on Residents with Dementia-Related Conditions” presented by members of the SC Coalition for Dementia Care in Nursing Homes)

Please register for this upcoming event:
CMS MLN Events: Dementia Care & Psychotropic Medication Tracking Tool
Tuesday, March 12, 2019 from 1:30 - 3:00 PM EST
Register here: https://blh.ier.intercall.com/catalog

Gain insight on the Dementia Care & Psychotropic Medication Tracking Tool, a free, publicly available electronic tool that facilitates a structured approach to tracking preference-based care and psychotropic medication use among residents living with dementia. Also, learn about a recently released Nursing Home Staff Competency Assessment toolkit available at https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment.html. Additionally, CMS provides updates on the Phase 3 Requirements for Participation from the Reform of Requirements for Long-Term Care Facilities final rule (https://www.federalregister.gov/documents/2016/10/04/2016-23503/medicare-and-medicaid-programs-reform-of-requirements-for-long-term-care-facilities) and the progress of the National Partnership to Improve Dementia Care in Nursing Homes (https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/National-Partnership-to-Improve-Dementia-Care-in-Nursing-Homes.html)

Antibiotic Stewardship/Infection Prevention & Control – Be Prepared for Phase 3!

Required Elements for a Formal Antibiotic Stewardship Program in Long-Term Care Settings
As part of the Infection Prevention Control Program (IPCP), the Infection Preventionist must have a facility antibiotic stewardship program (https://www.cdc.gov/longtermcare/prevention/antibiotic-stewardship.html) that includes antibiotic use protocols and systems for monitoring antibiotic use and recording incidents identified under the IPCP risk assessment and corrective actions taken by the facility. A successful antibiotic stewardship program also requires ongoing collaboration with the consulting pharmacy, prescribers, the medical laboratory, and clinical nursing personnel. The core elements of an antibiotic stewardship program as defined by the CDC are listed below:

1. Leadership Commitment
2. Accountability
3. Drug Expertise
4. Take Action through Policy and Practice Change to Improve Antibiotic Use
5. Tracking and Reporting Antibiotic Use and Outcomes
6. Education of all stakeholders in the Antibiotic Stewardship Process and Program

To access the relevant LTC Survey Pathway, CMS 20054, Infection Prevention, Control & Immunizations go to the Downloads section at https://www.cms.gov/medicare/Provider-enrollment-and-certification/guidanceforLawsandRegulations/Nursing-Homes.html.

Four Moments
The Agency for Healthcare Research and Quality (AHRQ) Safety Program for Improving Antibiotic Use aims to improve antibiotic prescribing practices by training clinicians to incorporate these four moments when prescribing antibiotics. Although the reference is for hospitalized patients, these same key Four Moments are applicable to the nursing home setting to improve antibiotic resistance in residents:

1. **Does this patient have an infection that requires antibiotics?** Providers often prescribe antibiotics to hospitalized patients in response to an abnormal vital sign, but they should stop and consider whether the patient has an infection that needs an antibiotic or a viral infection that will not benefit from antibiotic treatment.
2. Have I ordered appropriate cultures before starting antibiotics? What empiric therapy should I initiate? Lack of appropriate cultures can lead to prolonged antibiotic therapy, the authors said. Providers must ensure timely administration of appropriate empirical antibiotic therapy. "[This moment] reminds the prescriber to think carefully about specific patient risk factors and severity of illness in association with the likely source of infection," the authors said.

3. A day or more has passed. Can I stop antibiotics? Can I narrow therapy? Can I change from intravenous to oral therapy? "Too often, the decision to continue antibiotic therapy is not revisited as more clinical and microbiological data become available," the authors said. Prescribers should perform a daily antibiotic timeout for every patient receiving antibiotics, which may include the clinical team having a discussion or completing a written form during daily patient rounds.

4. What duration of antibiotic therapy is needed for this patient’s diagnosis? A growing number of studies support shorter durations of antibiotic therapy than previously administered for infections, the authors said. "The duration of therapy should be based on the literature and an assessment of whether patients have had appropriate clinical responses."


Antibiotic Stewardship/Infection Prevention & Control Resources

Please register for this upcoming event:
The CDC’s Review of the NHSN Annual Facility Survey for Long-term Care Facilities & Updates for the 2019 Calendar Year
Wednesday, February 6, 2019 from 1:30 PM-2:30 PM EST
Register here: https://cc.readytalk.com/registration/#/?meeting=c8flww7jw0v4&campaign=1910e8tkvkzs

The CDC’s NHSN 2018 Annual Facility Survey submission deadline is March 1, 2019. Note: This is a repeat of the January webinar for those who missed it. The presentation will highlight significant changes made to the annual facility survey, protocols, and analyses. During the presentation, the 2018 annual facility survey will be reviewed. Web participation is strongly encouraged; recording will be made available after the webinar.

All Cause Harm Prevention in Nursing Homes Change Package (https://qioprogram.org/all-cause-harm-prevention-nursing-homes) Scroll down to the You Contents Section if you desire to review/print out specific topics instead of the entire package. Infection Prevention and Control staff should definitely review the Section, Events Related to Infection (https://qioprogram.org/sites/default/files/editors/141/Events%20Related%20to%20Infection.pdf)

New, no cost training/tools! Environmental Services Training Modules and Tools
It’s important that environmental services (EVS) technicians at your facility understand how their work is essential in protecting the health of patients, families, coworkers, and themselves. Through funding provided by the CDC, HRET and APIC subject matter experts created educational tools (available in both English and Spanish) for EVS technicians to master basic IPC information on their own. Tools covering four subjects include videos, infographics, and checklists—all downloadable and free of charge for use in your facility. Access these resources now at https://apic.org/Resources/Topic-specific-infection-prevention/Environmental-services!

These individual webinars have been designated as enduring learning activity materials (up to two years) and have associated NO COST CNEs; please contact scace@thecarolinascen.org after viewing each individual webinar to request an evaluation form which must be completed to award CNEs. Consider including these webinars in your nursing home’s staff development toolkit to orient and periodically refresh staff on antibiotic stewardship and infection prevention and control topics.

The CDC’s PneumoRecs VaxAdvisor mobile app provides patient-specific guidance consistent with the immunization schedule recommended by the U.S. Advisory Committee on Immunization Practices (ACIP). The app eliminates the challenge of interpreting and synthesizing multiple vaccination recommendation statements and doesn’t require or collect any personal identifying information, nor store information. Download the app here:

The CDC’s 2018 Pink Book Webinar Series (June-September 2018) Each of these one-hour 15 webinars in the series explores a chapter from the 13th edition of “Epidemiology and Prevention of Vaccine-Preventable Diseases,” known widely as “The Pink Book” (downloadable as PDF or to view online at https://www.cdc.gov/vaccines/pubs/pinkbook/index.html). The series provide an overview of the principles of vaccination, general recommendations, immunization strategies for providers, and specific information about vaccine-preventable diseases and the vaccines that prevent them and offers no cost continuing education credits. Go to the main page at https://www2.cdc.gov/vaccines/ed/pinkbook/ to locate specific archived webinar topics of interest.

Cultural Competence Resources

If your facility needs additional resources for cultural competence training, most of these options provide no cost continuing education credits:

1. Culturally Responsive Nursing Care for American Indian Elders! Access this course at http://www.nursingassets.umn.edu/indian-elders/ to gain an understanding of American Indian elder culture and strategies to address cross-cultural issues.

2. Collecting Data on Sexual Orientation and Gender Identity in Health Care Settings Web-Based Training Course (With Continuing Education Credit)
   A new “Catching Everyone in America’s Safety Net: Collecting Data on Sexual Orientation (SO) and Gender Identity (GI) in Health Care Settings” Web-Based Training (WBT) course is available through the MEDICARE LEARNING NETWORK® (MLN) WEB-BASED TRAINING (WBT) COURSES (https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/MLNWBTs-for-CE-Credit.pdf); Learn about:
   - Basic terminology for Lesbian, Gay, Bisexual and Transgender (LGBT) people
   - LGBT health needs and disparities
   - The importance of asking people about their SOGI in clinical settings
   - Why SOGI data should be collected and different ways to collect it in the clinical setting
   - Ways to implement SOGI questions into work flows with and without electronic health records

3. The Care of LGBT Persons in PA/LTC Setting, November 5, 2018 Podcast
   Tim Johnston, PhD, Director of National Projects at Services and Advocacy for GLBT Elders (SAGE) and the National Resource Center on LGBT Aging. Access the podcast at https://paltc.podbean.com/e/the-care-of-lgbt-persons-in-paltc-setting/.

4. Building Respect for LGBT Older Adults is intended for long term care and other aging service providers as an introduction to LGBT aging. The content is divided into six modules, each approximately 10 minutes long. Access it at https://www.lgbtagingcenter.org/training/buildingrespect/index.cfm/.

5. The Centers for Disease Control and Prevention (CDC) lesbian, gay, bisexual, or transgender (LGBT) health page can be accessed at https://www.cdc.gov/lgbthealth/about.htm.
Other February Events with No Cost Continuing Education Credits for Staff:

Resources for Integrated Care: Falls Prevention for Older Adults Webinar
Wednesday, February 13, 2019 from 12:00 PM to 1:30 PM EST

This webinar will provide an overview of the importance of falls assessment and falls prevention for older adults and their caregivers and offer concrete interventions and strategies for providers to improve mobility and prevent falls.

National Learning and Action Network Event- February 2019
Patient-Centered Treatment Options for Type 2 Diabetes
Wednesday, February 13, 2019 from 3:00 PM - 4:30 PM EST
Dial-In Number: 1-877-455-8030
Registration Required! Register here: https://qualitynet.webex.com/mw3300/mywebex/default.do?nомномenu=true&sitename=qualitynet&service=6&rnd=0.4344193935277537&main_url=https%3A%2F%2Fqualitynet.webex.com%2Fec3300%2Feventcenter%2Fevent%2FeventAction.do%3FtheAction%3Ddetail%26%26EMK%3D4832534b000000041970e911b08471d7ab6b4924375fee0962a4e0d1dbf622548e6c8ebfe017fd4d%26siteurl%3Dqualitynet%26confViewID%3D11041560983245954%26encryptTicket%3DSDJTSwAAAT3OjgPhYejnTJ7HGtTH8ZYTZxhjkIcEcDwFWwhrfe2g2%26

Selecting the right treatment options for type 2 diabetes has never been more promising, or as complicated, as it is today. With the current classes of diabetes medications, how does a clinician-patient team decide on the most appropriate medications along the course of a person’s disease process, many of whom also have cardiovascular disease, heart failure, or chronic kidney disease?

After participating in the event, learner will be able to:

- Discuss factors affecting treatment selection for type 2 diabetes
- Use or recommend SGLT2 inhibitors and GLP-1 receptor agonists in patients with type 2 diabetes, atherosclerotic cardiovascular disease, heart failure and chronic kidney disease
- Appropriately use or recommend GLP-1 receptor agonists as the first injectable for type 2 diabetes treatment, ahead of insulin

ACE Best Practices – Leadership’s Role in Staff’s Stability

Lou Kass, CNHA, RN, CDONA, Chief Operating Officer, Blue Ridge Healthcare Management, exhibits true leadership and employing best practices related to team building while addressing staff retention needs. When Blue Ridge in Georgetown evacuated twice, associated with Hurricane Florence and the aftermath of local flooding, he participated in evacuations alongside staff and residents. With staff vacancies, he brought in other corporate department leads to support effective, comprehensive training and orientation for
replacement staff. After a couple of weeks into their orientation, Mr. Kass invited new employees to a private “listening lunch” to check in and get feedback on their onboarding experiences. In follow up, he advised mentors and trainers of positive and negative perceptions and revisited any needs for consistent or improved messaging and training strategies. He intends to incorporate these periodic “listening lunches” as an integral part of employee onboarding in support of staff stability and teamwork.

For additional guidance on improving organizational staff stability, visit the National Nursing Home Quality Improvement Campaign (NNHQI) site, Goal-Specific Improvement Resources- Staff Stability here: https://www.nhqualitycampaign.org/goalDetail.aspx?g=SS#tab4

Please remember to take advantage of contacting your CCME nursing home team at scace@thecarolinascenter.org for coaching assistance and technical support/resources or help in identifying topics for performance improvement projects to address your facility's quality measures.

To ensure delivery of data and ACE updates, please add scace@thecarolinascenter.org to your email address book. Make sure that the person responsible for your computer security adds this address to a “white list” of allowed senders.

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