

# Partnership to Improve Dementia Care in Nursing Homes: Best Practices/Aligning Strategies

National Nursing Home Quality Care Collaborative

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# QIO Role

- History of work on specific clinical topics AND on resident centered care
- The National Nursing Home Quality Care Collaborative (NNQHCC)
  - Launched by The Centers for Medicare & Medicaid Services (CMS), Center for Clinical Standards and Quality (CCSQ)

# NNQHCC Aim

The National Nursing Home Quality Care Collaborative seeks to:

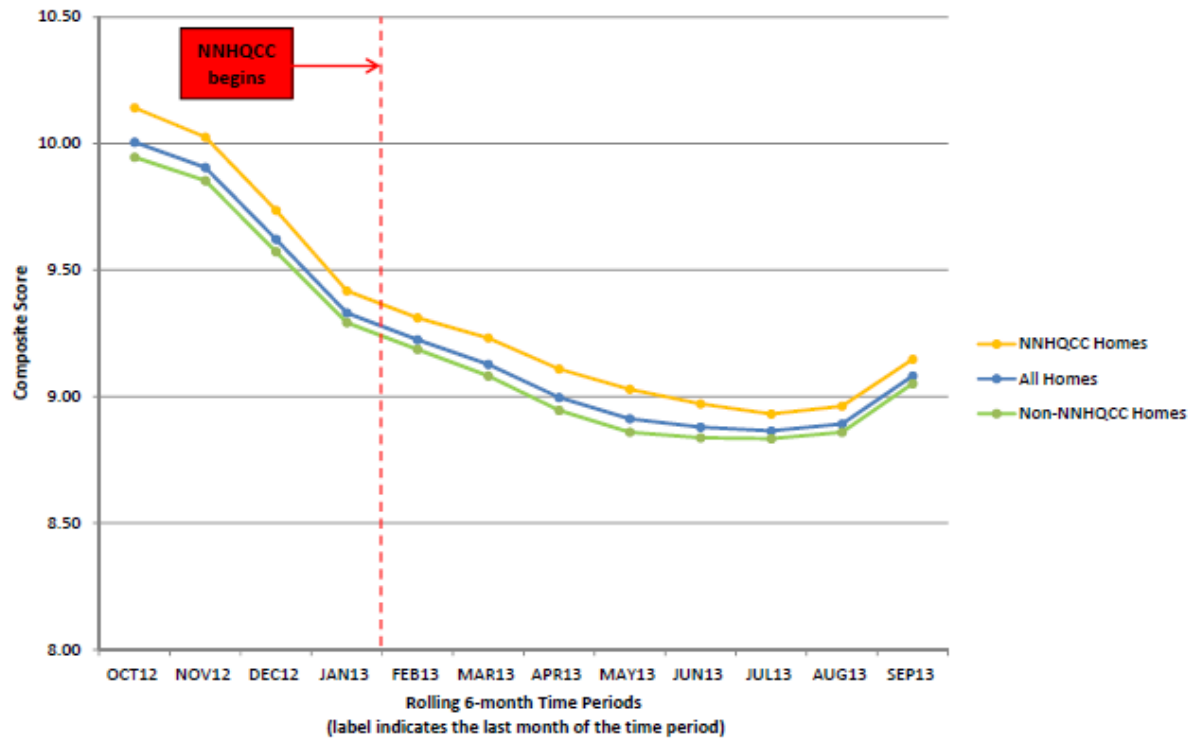
- Ensure every nursing home resident receives the highest quality care,
- Instill quality and performance improvement practices,
- Eliminate healthcare acquired conditions,
- Improve resident satisfaction,
- Achieve a rate of 6 or better by July 31, 2014.

**4,700+ Nursing Homes Participating!**

# National Trends

## NNHQCC Progress

(composite score increase attributed to seasonal flu vaccine measure)

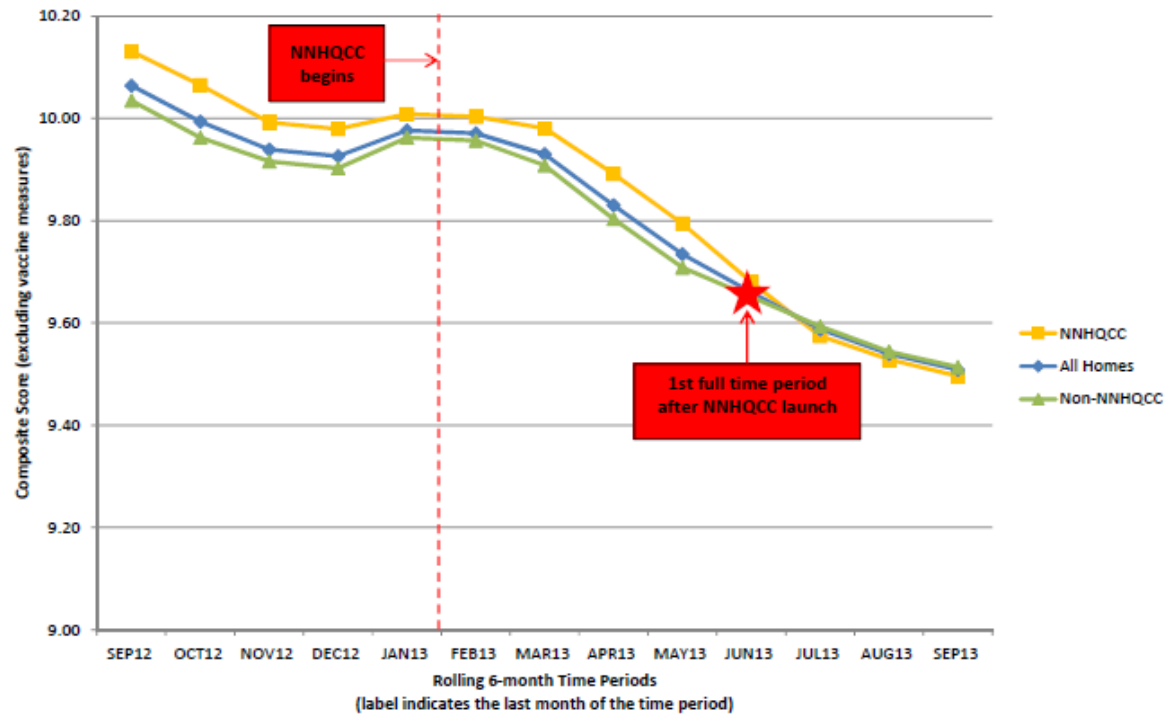


NOTE: Composite scores were calculated from QM data downloaded from the QIES workbench for rolling 6-month time periods. Nursing homes without CCNs are not included in the composite score calculation.

# National Trends

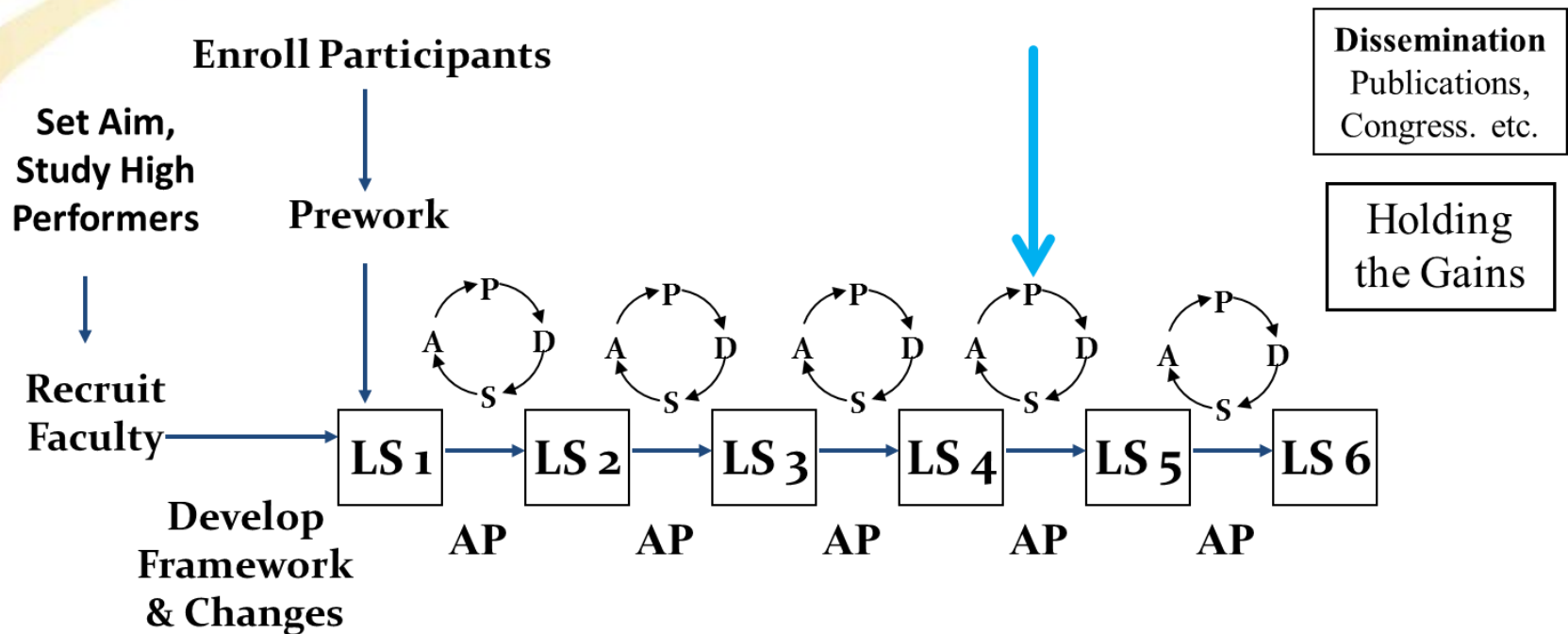
## NNHQCC Progress

(composite score excludes the vaccine measures for monitoring purposes)



NOTE: Composite scores were calculated from QM data downloaded from the QIES workbench for rolling 6-month time periods. Nursing homes without CCNs are not included in the composite score calculation. Aug12-Jan13 is used as a “baseline” to calculate relative improvement.

# Collaborative Model



*LS – Learning Session*

*AP – Action Period*

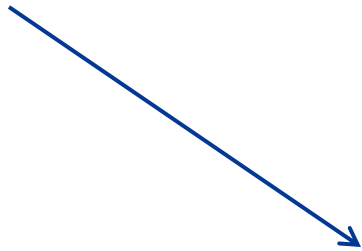
*PDSA – Plan, Do, Study, Act*

# Focus on Processes and Systems

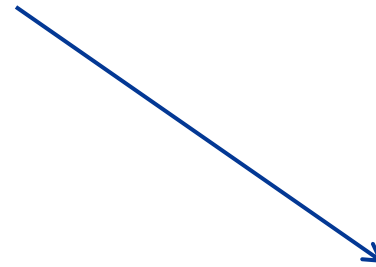
- Processes can be thought of as the series of steps done to complete a specific task of action.
- Systems are made up of a number of processes all working to achieve an outcome.
  - Example: medication administration systems
- Quality Assurance and Performance Improvement (QAPI) is the foundation for changing the systems and processes that influence individual behavior and outcomes.

# The Change Package: Based on High Performers

Strategies



Change Concepts



Action Items



# The Change Package Strategies

1. Lead with a sense of purpose
2. Recruit and retain quality staff
3. Connect with residents in a celebration of their life
4. Nourish teamwork and communication
5. Be a continuous learning organization
6. Provide exceptional compassionate clinical care that treats the whole person
7. Construct solid business practices that support your purpose

# Applying the Change Package to Dementia Care

- QAPI serves as the foundation
  - Encourages use of data and measurement
- Real life change concepts and action steps fuel the PDSA cycles
- Take advantage of all resources
  - Advancing Excellence
  - State dementia partnerships
- Supports person-centered care concepts

# Best Practices – QIO Level

- Start the conversations among stakeholders in the state (promote partnering)
- Broaden perspectives (education)
  - Understanding of how we got to this point of having a large population on AP medications
  - Understanding of what it takes to remove AP meds—need person centered care
- Focus on grounding in QAPI at the NH level
  - Use of data and measurement
  - Critical thinking and systems thinking
- Identification of high performers; facilitation of best practice sharing

# Best Practices – Nursing Home Level

- Identify residents on AP, understand how/when/where/why they were prescribed
- Engage all IDT members and staff in QAPI efforts to improve care
- Be transparent about data
- Include families, educate on AP med use, alarms, avoiding hospitalizations, etc.
- Find out what the real issues are with families – work closely with them to understand and support them through the change of reducing/eliminating the AP drug
- Start slow, pilot test

# QIO Directory

- Connect with your QIO
- <https://www.qualitynet.org>
  - Click on “Quality Improvement” and then “QIO Directory”

# Contact Information

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