

All Cause Harm Prevention in Nursing Homes



Change Package to prevent harm
(adverse events, abuse, and neglect)
for nursing home residents



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INTRODUCTION



As nursing homes across the nation work to prevent, detect, and mitigate certain categories of harm while honoring each resident's rights and preferences, this Change Package aims to serve as a key resource to improve quality of life through safer care for the 1.4 million nursing home residents across the country.

The intended audience of this Change Package includes nursing homes participating in the National Nursing Home Quality Care Collaborative, led by the Centers for Medicare & Medicaid Services (CMS) and the Medicare Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs), and anyone interested in improving the quality of life and quality of care for those living in nursing homes. Over 12,100 (78%) of the nation's nursing homes participate in this collaborative and have used a foundational Change Package available here: https://qioprogram.org/system/files_force/resources/documents/C2_Change_Package_20170511_508.pdf

This All Cause Harm Prevention Change Package is focused on the successful practices of high-performing nursing homes. It was developed from a series of nine site visits to nursing homes across the country and the themes that emerged regarding how they approached prevention of harm while honoring each resident's rights and preferences and how they carried out their work. The practices in the Change Package reflect how the nursing home leaders and direct care staff at these sites shared and described their efforts to prevent, detect, and mitigate harm. The information applies to both short-stay and long-stay residents.

The high-performing nursing homes visited were chosen using available data from multiple sources to identify organizations with sustained high performance in reducing all cause harm. Data sources included the CMS five star quality rating system that considers health inspection findings, quality measures, and staffing. The nursing homes that contributed information to this Change Package represented regions across the country; large and small homes; for-profit and not-for-profit homes; rural and urban homes; homes part of corporations, health systems, religious organizations, or government entities; as well as independent, standalone nursing homes.

There is no single, magic bullet to prevent all causes of harm to residents, and therefore, the Change Package covers a wide range of strategies and actions to promote resident safety. Some readers may want ideas on where to start. [Appendix A](#), titled "Need Ideas for Where to Begin? Focus Here First," describes suggestions from the nursing homes visited on priorities for preventing all cause harm for residents.

ORGANIZATION AND HOW TO USE THE CHANGE PACKAGE



The Change Package is organized by first describing four overarching foundational components that high-performing nursing homes focus on to achieve the aim of improved quality of life for residents through safe, reliable, quality care. The four foundational components are 1) leadership; 2) committed staff, teamwork, and communication; 3) resident and family engagement; and 4) continuous learning and quality improvement. Strong commitment to these four components fosters a culture that allows and supports staff in reliably implementing timely, quality care practices while honoring each resident's rights and preferences. Detailed strategies and actions to establish the foundation for safe care are described in [Appendix B](#).

Next, this Change Package includes strategies and actions to prevent the specific types of adverse events and harms identified by the 2014 Office of Inspector General reports, which highlighted the need for nursing homes to reduce the incidence of resident harm events and to report allegations of abuse or neglect and investigation results in a timely manner (see [Appendix C](#) for key findings from these reports). Any nursing home can choose from these strategies and actions to begin testing for purposes of improving residents' quality of life through safer care. The strategies and actions range from evidence-based practices to promising practices determined to be worthy of testing by clinical and other long-term care experts in the nursing homes visited.

This Change Package is intended to be complementary to resources such as literature reviews and evidence-based tools and resources.

Office of Inspector General (OIG) Report Findings*

- An estimated 33 percent of Medicare beneficiaries experienced temporary harm and/or adverse events during their Skilled Nursing Facility (SNF) stays.
- Physician reviewers determined that 59 percent of these adverse events and temporary harm events were clearly or likely preventable.

*See more findings in Appendix C.

NOTES ON TERMINOLOGY



Abuse: The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse, including abuse facilitated or enabled through the use of technology.

Adverse Events: An untoward, undesirable, and usually unanticipated event that causes death or serious injury, or risk thereof.

All Cause Harm: Harm and injury to residents from any cause.

Change Package: This Change Package is a compilation of strategies and actions described by high-performing nursing homes to prevent harm events related to medication, resident care, infections, abuse, and neglect. The strategies and actions may generate ideas for other nursing homes to test for purposes of improving residents' quality of life through safe care.

Family/Resident Representative: People defined/chosen by the resident to be involved in their life/care or authorized by state or federal law to act on behalf of the resident.

Neglect: The failure of the facility, its employees, or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress.

Nursing Home/Facility: Both terms are used, recognizing that people have different preferences on how to refer to the organization that is providing short- or long-term residential accommodations with healthcare. Other similar terms include living center or care center.

Patient/Resident: Both terms are used, recognizing that people may have different preferences, sometimes based on their length of stay.

Stand-up/Interdisciplinary Team Meeting: Meetings with representation from all disciplines involved in care. Team members share their varied expertise and perspectives so that together they can accomplish what is needed for the resident/family, and learn from one another. Many nursing homes hold a daily, morning, interdisciplinary team meeting to review and discuss daily goals, key information and strategies to help the team develop a shared understanding of what is needed to deliver high quality and safe care. Some nursing homes prefer a rapid meeting format, sometimes with members standing, to balance meeting and care time commitments.

Twenty Four (24) Hour Report: A common communication tool used by nursing homes. It is typically completed by nursing staff, although other disciplines may also contribute to it, at the end of each shift. It documents changes in resident condition and key items to monitor or follow up on.

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- **Apostolic Christian Home** *Rittman, OH*
- **Bethany Health Care Center** *Framingham, MA*
- **Fairmont Rehabilitation Hospital** *Lodi, CA*
- **Hughes Health & Rehabilitation** *West Hartford, CT*
- **Immaculate Heart of Mary, Senior Living Community** *Monroe, MI*
- **Lakewood Health System** *Staples, MN*
- **Phoenix Mountain Nursing Center** *Phoenix, AZ*
- **Riverside Health & Rehabilitation** *Thomaston, GA*
- **Sea View Hospital Rehabilitation Center and Home** *Staten Island, NY*

