



SUPPLEMENTAL RESOURCE



**All Cause Harm Prevention in Nursing Homes:
Change Package to prevent harm (adverse events,
abuse, and neglect) for nursing home residents**

Implementation Guide

June 2019



BACKGROUND

The [Change Package](#) includes strategies to prevent [adverse events](#) and [abuse and neglect](#) identified by two reports published in 2014 by the Office of Inspector General. It focuses on practices of high-performing nursing homes, and reflects how the staff described their efforts to prevent, detect, and mitigate harm. A nursing home can choose from these strategies to begin improving residents' quality of life through safer care. Because there is no single, magic bullet to prevent all causes of harm, the Change Package covers a wide range of strategies to promote resident safety. The following suggestions may be helpful when implementing the Change Package.



SIX STEPS TOWARDS IMPLEMENTING STRATEGIES IN THE CHANGE PACKAGE

- ① **Review the Change Package.**
 - a. Ask leaders and QAPI team members to review the Change Package by a certain date, and
 - b. While reviewing the Change Package, identify strategies your organization could implement that align with already established goals.
- ② **Determine which actions in the Change Package are a priority for your organization.**
 - a. Discuss your organization's goals and priorities around prevention of harm. If your organization has not set goals, use this [goal setting worksheet](#).
 - b. Discuss how well your organization is currently meeting those goals. Use data, including:

Quality measures (e.g., pressure ulcers, falls with injuries)

Infection surveillance (e.g., pneumonia, surgical site infection, catheter associated urinary tract infection, Clostridioides difficile)

Root cause analyses findings from review of resident hospital readmissions or emergency department visits

Clinical case reviews after harm events (e.g., medication-induced delirium, excessive bleeding with antithrombotics, constipation, acute kidney injury secondary to fluid maintenance)

Incident reports after harm events (falls, pressure injuries, medication errors)

State survey findings of harm

Reports of allegations of abuse and neglect

Resident and staff injuries

Resident property misappropriation reports

Resident and family satisfaction surveys and complaints

Safety surveys or staff satisfaction, such as the [AHRQ Nursing Home Survey on Patient Safety Culture](#) or the CMS [Employee Satisfaction Survey](#)

Elopement reports

Findings from trigger tools, such as the CMS [adverse drug event trigger tool](#) or the [IHI skilled nursing facility trigger tool](#) for measuring adverse events (triggers are signs, symptoms, or clinical interventions which could indicate that the adverse drug event has occurred)

Organizational assessments (e.g., [facility assessment](#), leadership assessments).

Determine which actions in the Change Package are a priority for your organization (cont).

- c. In addition to the data sources listed above, it may also be helpful to review:
 - The [four foundational components](#) in the Change Package and the key strategies associated with them. How well are you doing in these areas? How do you know? Is there a need to develop a plan for improvement in any of these areas?
 - The [list of adverse events](#) discussed in the Change Package (listed on page 2 in the table of contents). Have your residents experienced, or are they at risk to experience, these events?
 - [Appendix A](#), titled 'Need ideas for where to begin? Focus Here First.' Do you have opportunities in these areas?
- d. Based on the available data, determine your opportunities for improvement with regard to resident safety and prevention of harm, abuse, and neglect.
- e. Discuss which opportunities should be prioritized for improvement.
- f. Use a structured process to help you prioritize which specific opportunities to pursue. Involve your leadership and QAPI teams. To build commitment and support at all levels of the organization, ideally staff and resident/representative will participate in the decisions about priority areas.
 - Use a [prioritization matrix](#) (example from QAPI tool) or other prioritization method (e.g., described here <https://www.ahrq.gov/professionals/systems/hospital/fallpxtraining/implguide-appendixb.html>)

③ Charter a QAPI team.

Once you have decided on a priority area to work on, assign a team leader (with capacity, commitment, and perseverance) and [charter a QAPI team](#) to follow up.

Why use a team? In organizations that have a culture of quality, teams routinely brainstorm, solve problems, implement QI projects, and share lessons learned. Consistent collaboration across units or departments aids in standardizing processes and breaking down silos.

Review [Appendix D](#) in the Change Package to generate ideas for who to involve in quality improvement work in different areas. It is important to recognize that all staff and disciplines have a role in and should be included in the organization's efforts to enhance resident safety.

Part of chartering a team is to set clear goals about what the team is trying to accomplish, but it does not tell them specifically how to do that. Establish measures that will help the team know if their goals have been met. For example, reduction of readmission of short stay residents by 5% (from 27% to 22%) by May 31, 2020. Goal setting worksheet [here](#).

④ Decide which changes to make.

- a. Document the current processes that are driving the current results.
 - Use quality improvement tools, such as [flowcharts](#) or process maps, to understand how work is currently carried out and identify where there are trouble spots.
 - Use quality improvement tools that support root cause analyses, such as the '[five whys](#)', [cause and effect diagrams](#), or [root cause analysis toolkit](#). Quality improvement efforts can then be aimed at root causes, making them more likely to prevent recurrence of problems.

Decide which changes to make (cont).

- b. Identify and prioritize changes to make.
 - Changes can be identified from the literature (evidence-based best practices); from guidelines and care pathways; from what is working well for other organizations; from the team that is working directly with residents and representatives, and other experts in long term care.
 - Changes should be directly related to the identified root cause of the problem.
 - Use a [prioritization matrix](#) or other prioritization method (e.g., [multi-voting](#)), to support team decision making around interventions.

⑤ Plan, implement, and evaluate changes.

- a. Follow your organization's established quality improvement methodology. For example, you might follow a LEAN process, use the Model for Improvement that includes PDSA (plan-do-study-act), or use another methodology.
- b. Test planned changes on a small scale. For example, start with one nurse or one resident, learn from that and then test again, broadening the scale, keep repeating the tests of change until you are ready to implement on a broad scale – these are PDSA cycles. Testing changes on a small scale allows you to learn from any failures without a large impact.
- c. Document the results from the changes, evaluating impact, costs, and side effects or unintended consequences.
- d. Adapt the changes as needed.
- e. Identify and use resources to support your QAPI teams.
 - [Appendix D](#) provides resources to support effective quality improvement teams.

⑥ Sustain your changes.

- a. Pay attention to what is happening with direct care staff, being sensitive to how the changes are working and if there are any barriers to sustainment of the new ways of doing things.
- b. Use data to monitor that the changes are made and sustained as intended, if they are achieving the intended results, and if they are causing any unintended consequences.
- c. Share outcomes and progress with staff, residents, and your board of directors.



Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs) are available in each state to support nursing homes in QAPI efforts. If you need assistance with implementing quality improvement, reach out to your QIN-QIO for support. Find your QIN-QIO [here](#).



KEYS TO QUALITY IMPROVEMENT

- Focus on meeting or exceeding customer expectations. All planned changes should be customer-driven (ask, how will this change improve safety and quality of life for the residents? for our staff?).
- Actively involve staff and residents. They care deeply about the processes that impact their routines and have the in-depth knowledge of how things really work. Their input should always be considered when planning and making changes. When they are consistently involved, this infuses QAPI into the way they do their work on a daily basis.
- Routinely use data to drive quality decision-making. Look at your data to understand what is happening and how your actions are helping to achieve your goals.
- Ensure that leadership is actively involved. Leadership should support staff and residents in making changes, helping to overcome barriers to change that arise. Change can be hard, and staff need information and support in order to make changes. Leaders should consistently provide reminders about the importance of safety.
- Focus on improving systems and processes. They are largely responsible for the outcomes the organization achieves. The vast majority of staff members come to work intending to do their best and have no desire to cause adverse events or harm. In order for staff to make changes, processes and systems need to make it easier for them to carry out work as intended.

“To implement the Change Package, I will go to my leadership team (department heads), and explain our opportunity for improvement by changing things that negatively impact our operation. I will ask them to read the Change Package and set a meeting date for discussion. At our meeting, I will guide everyone to analyze our need for improvement and prioritize what needs to be done based on the assessment that we have done in the past as well as what the Change Package offers. And simultaneously I will look at who has the capability, perseverance, and passion to see us get to the finish line, and eventually change from ‘I’ to ‘we,’ so the project becomes ‘ours.’ We will discuss logistics such as approach, deployment, measurement, reporting, and evaluation. Communication is very important. As we implement changes, we stop and evaluate, we ask are we doing it right, do we need to change course, and we maintain focus on our goal. We will discuss and celebrate our success and any barriers and detours so that we gain knowledge and know what to avoid next time. We acknowledge everyone’s contribution, and if improvement is sustained, we move on to the next initiative.”

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