CHANGE PACKAGE

A curated collection of great ideas & practices to create lasting change in your nursing home

NATIONAL NURSING HOME QUALITY CARE COLLABORATIVE
April 2017 v 2.2

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

Introduction

This change package is intended for 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), to improve care for the millions of nursing home residents across the country. The Collaborative will strive to instill quality and performance improvement practices, eliminate Healthcare-Acquired Conditions (HACs), and dramatically improve resident satisfaction by focusing on the systems that impact quality such as: staffing, operations, communication, leadership, compliance, clinical models, quality of life indicators, and specific, clinical outcomes (targeted focus on inappropriate antipsychotics in persons living with dementia, falls, pressure ulcers, physical restraints, urinary tract infections, and healthcare-acquired infections).

This change package is focused on the successful practices of high performing nursing homes.

It was developed from a series of ten site visits to nursing homes across the country and the themes that emerged regarding how they approached quality and carried out their work. The practices in the change package reflect how the nursing homes leaders and direct care staff at these sites shared and described their efforts. The change package is a menu of *strategies*, *change concepts*, and specific *actionable items* that any nursing home can choose from to begin testing for purposes of improving residents' quality of life and care. The change package is intended to be complementary to resources such as literature reviews and evidence-based tools and resources.

Version 2.2 of the change package includes appendices of a success story template and six change bundles:

> As you test action items from the change package, consider documenting your success stories and sharing them with your state's Quality Innovation Network-Quality Improvement Organization (QIN-QIO) to help spread improvement and best practices across the country. A success story template is included as an attachment to this document.

> As you work to make improvements, you may find the attached healthcare improvement bundles helpful. A healthcare improvement bundle is a proven approach that helps providers more reliably deliver the best possible care for residents/patients. The three bundles included as attachments represent the practices described by nursing homes participating in the National Nursing Home Quality Care Collaborative to successfully reduce the use of inappropriate antipsychotic drug use, maintain and improve resident mobility, and reduce healthcare-acquired infections.

Acknowledgments

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- Landis Homes, Lititz, PA

- Mercy Retirement & Care Center, Oakland, CA
- NHC Healthcare – Anderson, Anderson, SC
- NHC Healthcare – Parklane, Columbia, SC
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In addition, we would like to thank the more than 5,000 nursing homes that participated in the National Nursing Home Quality Care Collaborative 2013–2014, and more than 7500 nursing homes that participated in the National Nursing Home Quality Care Collaborative 2015–2016 which helped to inform, add depth, and expand to the current change package version 2.2

Strategies

Throughout this change package, each strategy will be supported by change concepts and action items. Change concepts are general approaches that are intended to stimulate creative and critical thinking and are further grounded by specific actionable items that any nursing home can begin testing for purposes of improving residents' quality of life and care. Together, strategies, change concepts, and action items are designed to lead to improvement.

1. **Lead with a sense of purpose:** The actions of leaders, multiplied by the actions of many, shape a culture and an organization. Strategy 1 sets the expectation for excellence in leadership. The foundation of a learning organization rests upon exceptional executive leadership, a strong mission and values, and an accepting, non-punitive culture.

2. **Recruit and retain quality staff:** A quality-driven nursing home identifies and develops great talent, in whatever discipline they serve, by setting high expectations and fostering an affirming culture. It recruits and hires qualified caring staff that fits its mission, values, and culture, and then cultivates longevity through a supportive work environment. Staff members at every level feel that their primary purpose is to provide quality care to the residents.

3. **Connect with residents in a celebration of their lives:** Distinctive nursing homes create an environment where the "resident always comes first." The focus is on keeping residents active in their families' lives and the community, according to resident preferences. At the end of life, a celebration of life honors the resident and embraces family, other residents, and staff. References to family in this change package include any or all individuals identified by the resident or important to the resident's quality of life.

4. **Nourish teamwork and communication:** Teamwork and communication among staff and between staff and residents is nourished by disseminating information in a complete, consistent, and timely manner. Strong communication links people and builds relationships between staff and residents. High-functioning teams respect one another and work interdependently towards common goals.

5. **Be a continuous learning organization:** A continuous learning organization knows where it stands, knows when and how to change, uses data to drive performance, and views the organization as an interdependent system. The interdependent system is described as the combination of the people, structures, supplies, and resources that come together within an organization to make it function.

6. **Provide exceptional compassionate clinical care that treats the whole person:** A focus on the whole person requires staff that knows the residents well and can anticipate their needs. It also requires an engaged and competent medical and care team that effectively manages residents' changing health conditions and avoids Healthcare-Acquired Conditions (HACs).

7. **Construct solid business practices that support your purpose:** A well-run nursing home excels as a business, yet feels like home. It seeks ways to effectively manage the bottom line with integrity and with the resident as the focus. It runs efficient operations, invests in equipment and supplies to provide the highest quality care, and ensures that its physical and outdoor environments are comfortable and inviting.

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STRATEGY 1: LEAD WITH PURPOSE

Change Concepts

1.a **Let the mission drive your actions.**

1.b **Be the leader you would want to follow.**

1.c **Plant now – harvest later: Nurture professional growth and foster innovation in others.**

1.d **Focus on systems for change.**

1.a Change Concept: Let the mission drive your actions.

Action Items

1.a.1 Use an inclusive process to establish, review, share, and reaffirm your mission and values that involves staff, residents, and families.

1.a.2 Establish and focus on clear expectations for all staff that are centered on mission and values. In turn, staff will create high expectations (linked to culture and initiated at orientation and reinforced along the way) for themselves and each other. Expect that all employees will do their best and help staff have the skills and resources to deliver the best.

1.a.3 Ensure that there is alignment of mission and values with your actions and with what is happening in the organization every day. Make sure the words in your mission match the reality of people's experience. Ensure all processes and decisions honor the values.

   • Ask "does this process or decision match with our values?" When issues come up, consider whether they represent a deviation from your mission and values, and seek solutions that return you to your mission and values. For example, if one of your organization's values is honoring resident choices, make sure you and your staff honor resident choices. Or, if residents are experiencing distress during care, look for a way to change care to be resident-centered.

1.a.4 Create a "caught in the act of practicing the mission and values" practice, as a way to show or point out what it means to put the mission into action. Share stories about how the mission and values are carried out.

1.a.5 Include the mission and values in the orientation of new staff. For example, if "build relationships" is a core value, encourage new staff to get to know residents and establish a relationship. Resist moving new staff from unit to unit or shift to shift during the orientation or any time.

1.a.6 As a leader, uphold the high expectations of the organization. If you see an issue, take action and set the tone for high expectations.

1.a.7 Conduct regular surveys of staff and residents regarding whether the values and mission are evident in

the day-to-day work and the operations of the organization.

1.a.8 Build relationships with board or corporate representatives who may have unique connections to your community or organization that advance the mission and values.

1.a.9 Encourage visits to the facility by the board, and encourage them to speak directly to residents and staff to understand how your mission and values are embodied in your work.

1.b Change Concept: Be the leader you would want to follow.

Action Items

Be present and engaged

1.b.1 Routinely spend time in all neighborhoods/units/floors and during all shifts (spend less time behind office doors where your view,and perceptions are obscured). Talk directly to staff and residents. When you're out and about, you catch problems early, whereas when you wait for people to come to you, they usually come to you when the problem has gotten big enough to propel them away from their work station and to your office. Going to the staff regularly, so they can count on it, is the most effective practice. Establish a practice to ask staff:

- How they are doing.
- What they need in order to do their best work and provide excellent care.
- How you can help reduce frustrations that prevent them from doing their best work.

Be Present and Engaged

1.b.2 Institute an "open door" policy for all levels of leadership to establish presence and consistent availability for staff.

1.b.3 Participate in neighborhood/household meetings on all shifts.

1.b.4 Demonstrate interest in staff by addressing them by name and knowing about them as individuals, including aspects of their lives beyond their specific role at work.

Be responsive, build trust

1.b.5 Encourage and welcome ideas or issues that are brought to you.

- Empower all staff, residents, and family members to look for improvements and suggest changes. Use both formal opportunities, such as committees/teams, and informal opportunities, such as regular rounds, to solicit their ideas and engage them in implementation of their ideas.
- Establish turnaround times (customer service expectations) for getting back to people that share concerns or suggestions.
- Quickly address staff issues and requests, providing feedback to the person making the request. Your responsiveness will bring more suggestions.
- If you cannot accommodate a request, explain why, seek alternative ways to address the essence of their suggestion or concern, and express genuine appreciation for their raising it to you.
- Follow up to ensure that resolutions are sustained.

1.b.6 Ask for help when needed, showing respect for the perspective and expertise of others.

1.b.7 Provide help both when asked and when not asked. Set the example and pitch in! Saving a few steps for a busy staff member goes a long way.

Recognize and involve others

1.b.8 Recognize and honor staff and resident contributions and opinions. Use their name; say that you value them and show them by your actions; acknowledge what you saw them do or know what they did.

- Say "thank you" to staff because these simple words are highly valued. Find and thank at least one staff member each day for something they have done that you are truly grateful for.

1.b.9 Share thank you notes received with everyone in the facility (for example, via e-mail, posted on a bulletin board, etc.).

1.b.10 Recognize and reward staff for performance and commitment. For example, sponsor an annual banquet to recognize staff for years of service. Invite staff's family members to attend. Share specific stories about the staff member's contributions during the introduction. Invite residents and their families to come if they are able.

1.b.11 Celebrate success and recognize and reward staff who contribute to achievement of organizational goals (for example, successes with quality improvement initiatives, long periods without accidents or without unscheduled absences, etc.).

1.b.12 Provide opportunities for staff to recognize or nominate fellow staff members for recognition for good work in the moment or for awards for overall performance. Tie these recognitions to rewards, such as public acknowledgment, gift cards, or the ability to order gifts from a catalogue.

1.b.13 After survey process is complete, recognize the full team for their contributions. For example, have formal leaders come in on all shifts and recognize or thank the staff, or provide snacks while rounding throughout the building.

1.b.14 Celebrate successes - it's the little things that matter. Recognition is most effective when it is timely and specific.

1.b.15 Change your mind if someone has a better idea. Then give them credit.

1.b.16 Remove negative language. Talk positively about others.

1.b.17 Seek out feedback on your individual performance and seek mentoring from peers.

1.b.18 Credit others for contributions that positively affect your performance.

1.c   Change Concept: Plant now – harvest later: Nurture professional growth and foster innovation in others.

Action Items

1.c.1 Set the expectation for leaders and staff to look for and share ideas for ways to grow and innovate.

- Encourage attendance at conferences and participation in community, state, or national committees. Expect staff to bring ideas back to the organization and develop a process for sharing what they learned.

- Help leaders and staff to feel in control of and committed to their neighborhoods or departments – to know that they can influence how their days go and the outcomes they achieve. For

example, if a nursing assistant knows that a resident needs flexibility in scheduling of a bath or a meal, support staff to be able to accommodate resident preference.

- Build leadership skills through training, support, and coaching to help staff be effective. Provide varied opportunities for staff to step into leadership and support them with specific feedback and guidance when they do.

- Develop opportunities for leaders to learn from and support each other. For example, establish groups of new leaders and provide mentoring in order to help them understand the organization and provide support to each other. Build a positive chain of leadership among nurses and other supervisors. Have peer meetings and one-on-one discussions focused on their development as supervisors, including discussion of specific personnel issues to help them handle these issues successfully.

1.c.2 Supply clinical and non-clinical consultants to staff, when needed, to provide ongoing learning, professional growth, and to promote success in achieving goals of residents or the organization.

1.c.3 Seek creative ideas from sources within and outside the organization in order to foster innovation. Create a safe environment to test new changes to try new ways to meet resident needs.

1.c.4 Accept or seek out opportunities to contribute to learning in the long-term care profession.

For example:

- Serve as a site for applied training for new practitioners. Participate in educating student nurses, physical therapists, social workers, aides, etc. Learn from them and their schools about new emerging practices. Make sure they are on the right path with promoting individualized care in long-term care.

- Participate in research studies or projects contributing to the advancement of the long-term care field.

1.d   Change Concept: Focus on systems for change.

Action Items

1.d.1 Pro-actively look for opportunities to improve the system and avoid errors and adverse events by asking staff, "Where are we at risk? Where are you most concerned about making an error? Where could we improve our system or process in order to prevent errors?" This supports the expectation and importance of staff sharing information about potential problems and quality concerns.

1.d.2 Openly admit your unintentional errors so people are less afraid to admit theirs.

1.d.3 When a mistake/unintentional error occurs, ensure that staff feel safe to report the problem immediately. Do not punish for errors or mistakes, but instead look for how to improve the system to prevent problems from occurring.

1.d.4 Use the root cause analysis (RCA) process to look at systems rather than individuals when something breaks down – this is a practice that will be useful to create a non-punitive environment and to support Quality Assurance and Performance Improvement (QAPI). Demonstrate that you are willing to take the time to investigate and understand why something happened before determining a response.

1.d.5 Have leaders confer before deciding how to handle a quality breach by a staff member, rather than having each supervisor act alone. Explore process factors that might have caused the mistake so the appropriate response can be made. For example, if a nurse is making medication errors, determine if there are stresses and interruptions affecting his/her concentration or other process or system issues that increase the likelihood of errors.

1.d.6 Recognize that having a non-punitive culture does not mean not holding people accountable. Make sure that staff members understand that there are intentional reckless behaviors that will result in punitive actions (for example, abuse of any kind, taking tips from residents, etc.).

1.d.7 If practices are not making sense or are frustrating to staff, residents ,or family, do not settle for "this is just the way it has to be or the way we've always done it"—challenge that, sort out what you have control over, and look for ways to address improvements.

1.d.8 Guide and empower staff to solve problems. For example, leaders should respond to problems that are raised not by proposing a solution but instead by asking the team to investigate and determine what they believe would work best. This will help you address root causes of problems and promote buy-in with the solutions. Leaders serve as a resource and coach to the staff. Help them understand the parameters they need to work within so that they are able to develop solutions that are usable.

Use this extra space to jot down brilliant ideas and action items!

STRATEGY 2:

RECRUIT & RETAIN
QUALITY STAFF

Change Concepts

2.a   **Hire only the best fit for your organization.**

2.b   **Welcome new staff – make them part of the team.**

2.c   **Set high expectations - support success.**

2.d   **Give the best staff a reason to stay.**

2.a Change Concept: Hire only the best fit for your organization.

Action Items

2.a.1   Define what quality staff means to you based on your mission; describe the characteristics you are looking for.

2.a.2   Create job ads that highlight high standards that fit your mission, values, and culture. For example, use phrases such as "seeking qualified individuals for our team of caring, dedicated professionals possessing great interpersonal skills and a desire to make a difference every day." Or, "at XXX we invest in our staff and we support our employees with a positive team environment, opportunities to grow, leaders who value our staff, and with competitive pay and benefits that reflect our commitment to our staff." Consider using a quote from a staff person, resident, or family member whose story illustrates these points.

2.a.3   List quality achievements or awards on your website recruitment page and in your job ads as a demonstration of your commitment to quality.

2.a.4   Determine who needs to be involved in the hiring process based upon the position to be hired. Include opportunities for the direct supervisor, co-worker, and resident involvement in the selection process. Provide guidance for those unfamiliar with any key hiring policies.

2.a.5   Hire for character and interpersonal skills. Clinical skills can be strengthened, enhanced, and/or taught. "Fit" is equally important to skills.

- Have Human Resources staff conduct the first interview to focus on the "fit" (for example, determine if the applicant's behaviors, values, and ways of working with residents, families, and team members are compatible with the organization's mission and values).

- When hiring nurses, look for interpersonal and leadership skills in addition to clinical skills. Set the expectations that they will be assessed on all these skills on the job.

2.a.6   Make it clear to the candidate that you are looking for a good fit for the organization but also this is the person's chance to determine if this is a good fit for them.

- Give the candidate a copy of your organization's mission statement and company values and ask, "Which one of these values resonates with you and tell me how you might use it in your work?"

- Ask candidates about their values. Use open-ended questions and ask them to share stories and give examples of how they have demonstrated their values. Include a question like, "What would you like to learn by working with us?" or "Describe to me what you consider to be a high quality nursing home?"

- Ask why they got into profession and why they do this work. Look for candidates who are sincerely passionate about providing compassionate care. Ask them to share about elders in their lives or residents in other jobs with whom they have formed caring relationships.

2.a.7 Use behavioral based questions during interview. For example, ask how they have responded to or would respond to different situations that arise in nursing homes.

2.a.8 Ask about aspirations for personal and professional growth. This sends the message you want them to grow with your organization. Describe how you are able to provide opportunities for this growth.

2.a.9 During the hiring process, explain that ideas for performance improvement are solicited from residents, family, and staff.

2.a.10 As part of the screening process, bring candidates to the area where their work would be to see how they respond to those who live and work there.

2.b Change Concept: Welcome new staff – make them part of the team.

Action Items

2.b.1 Welcome new staff by creating opportunities for them to get to know co-workers and residents. Help them to establish relationships immediately to feel comfortable in the workplace and support their successful transition into employment. For example, have a welcome gathering, share a meal, or share information about a new person. Have new staff meet residents and co-workers in the area where they will be working and spend part of their day involved in the daily flow of life in their area.

2.b.2 Ensure continuity and consistency of high expectations is carried through all aspects of orientation. Review value-based expectations during orientation. For example, "Employee works cooperatively and collaboratively with staff from other departments."

2.b.3 Have new employees complete a skill-based competency test that includes their individual clinical/ technical and leadership skills as appropriate. Follow up and provide support on areas of need.

2.b.4 Provide employees with the tools and training they need in order to do their job well. Pace the orientation to stage the information so that people can absorb it and apply it.

- Check-in with new employees immediately and once a week for their first few weeks to discuss and build on their work experiences of the week. The first day and the first week are crucial in keeping new staff.

- Encourage new staff to ask questions, and take the time to answer thoroughly and thoughtfully. Give them timely feedback, find out what help they need, and intervene quickly to support their success.

- Make the length of orientation flexible, based upon the individual's needs, in order to develop strong employee orientation practices.

2.b.5 Schedule a 30-45-90 day follow-up interview by Human Resources to find out what support, additional

training, etc. is needed. Get and give feedback from/to the manager.

2.b.6   Assign a "buddy" or "mentor" for new staff to help them learn about the culture and "how we do things here." Ensure the mentor is someone who represents the organization's mission and values in their attitude and work, and is available to support the new staff member through the challenging first months of a new position. Treat the mentor program seriously by having a selection process, a support system, and payment/other compensation for the extra responsibilities involved. Provide mentors with the training they need to know how to teach to the new employee's learning style and provide the support mentors need to address any issues or needs they identify for a new employee.

2.b.7   Have staff shadow other disciplines during orientation so that they see how their role interacts with others and they know what everyone needs to do to make the household run. This will foster a higher level of understanding and appreciation among staff members of separate departments.

2.b.8   Create opportunities for new staff members to work together as a team on a daily basis through daily huddles and team problem-solving.

2.c Change Concept: Set high expectations - support success.

Action Items

2.c.1   Tie and reinforce value-based expectations in performance appraisals. For example, look for or ask about examples where the individual demonstrated flexibility, independence, and initiative while fostering a cooperative, caring attitude among staff.

2.c.2   Measure leaders' performance by the performance of their teams. Define expectations that include helping direct reports perform at their best and have the resources they need to do so.

•   Coach and support supervisors so they provide effective, caring supervision and leadership for employees.

2.c.3   Conduct annual skills testing for all departments. Make it engaging and expect all staff to participate.

Set high expectations

2.c.4   Set the expectation that all staff responds to resident needs and requests, whether or not they are assigned to work in that specific neighborhood. Make it a standard that everyone (all staff, including the management team) answers call lights – most requests do not require certification).

2.c.5   Solicit staff feedback on staffing to ensure adequate help and respond to needs that emerge.

2.c.6   Use formal (staff satisfaction surveys) and informal (rounding) means to gain feedback on the quality of care and respond to needs that emerge. Satisfaction survey responses provide "the tip of the iceberg" – follow-up with focus groups to clarify concerns and identify appropriate interventions.

2.c.7   Create opportunities for the voices of staff to be heard. People feel valued when their opinions and ideas count. Before initiating change in the organization, meet with any staff and residents/families that will be impacted by the change in order to gain their support, buy in, and get their feedback. This sends an important verbal and non-verbal message that the organization believes they have valuable information to contribute towards making the organization excel.

2.d Change Concept: Give the best staff a reason to stay.

Action Items

2.d.1 Look for ways to support the financial well-being of staff, recognizing that when staff's basic needs are met, they are able to perform at their best because they are not as worried about how to make ends meet.

- Ensure your compensation and benefits are competitive in your marketplace.
- Provide health insurance.
- Provide free or low cost snacks and/or meals for staff.
- Help staff with cash flow by implementing weekly paychecks.
- Offer financial literacy education, savings plans, no-cost loans, 401(k) plans, etc.
- Provide confidential Employee Assistance Program (EAP).

2.d.2 Provide opportunities for flexible schedules and work environment so that individuals are able to better balance work, education, and family/home needs. Do so in ways that strengthen consistency of assignments by structuring consistent back-ups and flexibility in residents' daily schedules.

2.d.3 Make sure the schedule is distributed well in advance, is consistent and predictable so staff can plan, and allows for adequate rest between work days and continuity in care. Honor staff requests for days off and allow staff to arrange to trade days while maintaining limits on overtime and promoting consistent assignment.

2.d.4 Support staff in their professional development. For example, encourage and support continuing education, provide scholarship programs and reimbursement for time at conferences, pay percentage of tuition, provide in-services, or provide training on English as a second language (residents can help with this training).

2.d.5 Implement succession planning; identify internal staff members with the potential to fill key leadership positions and provide them with development experiences. For example, involve them in projects or team efforts that enhance their problem solving and strategic planning skills.

2.b.6 Look for fun ways to foster a sense of family and community. (For example, the staff on each floor/unit decorates a pumpkin for Halloween and the residents vote for the best, or each department creates a "theme gift basket" for the holidays for a raffle, or staff members work together to create activities or decorations for a themed Nursing Home Week.)

Use this extra space to jot down brilliant ideas and action items!

STRATEGY 3:

CONNECT WITH RESIDENTS
CELEBRATE LIVES

Change Concepts

3.a Treat residents as they want to be treated, remembering that your facility is their home.

3.b Foster relationships.

3.c Create connections with the community.

3.d Provide compassionate end of life care.

3.a Change Concept: Treat residents as they want to be treated, remembering that your facility is their home.

Action Items

Welcome new residents

3.a.1 Prior to or soon after a new resident arrives, gather not only clinical information but also personal history, preferences, etc. Do so in a way that is more of a welcome than a business or clinical encounter.

3.a.2 Welcome new residents by creating opportunities for them and the staff to get to know each other. For example, have a welcome gathering to introduce the new residents. Even people anticipating a short stay will benefit by being known by others who live and work at your home. Ask residents, and their families as appropriate, what information they would be comfortable having you share about their history with others who live there. Share about their psycho-social assessments and preferences with staff.

Know residents as individuals

3.a.3 List residents' choices and preferences related to all aspects of their daily lives. For example, wake time, food preferences, activities, bathing, and sleep time.

- Have the information available before the first evening so staff can honor the resident's preferences for going to sleep and waking up from the first day onward.

- Keep all disciplines/staff informed and updated on residents' preferences and progress so they can relate to the whole resident using processes such as 24-hour report, daily stand-up, huddles, and interdisciplinary team meetings.

- Use this information to schedule appointments and organize daily care and services.

Know Residents as Individuals

3.a.4 Develop communication strategies where all staff can make observations or share information about a

resident with other staff to support individualized quality care. Use the information gained to update the individualized care plan by the end of the shift in which the information is gained.

3.a.5 Create a household notebook that provides information about the person's life (similar information you may see in an obituary but don't have to wait till they die to learn it; for example, attributes, hobbies, and accomplishments of resident's life). Make sure to get the resident's permission to share this and follow all data security and confidentiality requirements. Make sure this information has been incorporated in the individualized care plan.

3.a.6 Publish a birthday list that includes resident and staff birthdays to honor and celebrate each others' special day.

3.a.7 Create a game to help people get to know each other. For example, share pieces of a biography of a resident and ask staff to identify them (or vice versa), or identify a baby picture.

3.a.8 Learn from family members to care for residents as they know them.

Set expectations and support staff to meet those

3.a.9 Organize and align operations with residents' routines. Ensure staff can honor resident preferences and have the expectation that everyone will help them (staff and residents) do so.

3.a.10 Make prompt response to resident's needs as top priority.

3.a.11 Train staff that their appropriate response to resident's requests are positive. For example, say, "Thank you for asking. Let me see what I can do."

3.a.12 As part of the first day orientation for new staff, tell stories on how residents' desires have been met. For example, share how an opportunity was found to provide a way for a resident to do something special.

3.a.13 Create an environment where greeting with a smile and making eye contact is the norm to show that you value residents.

3.a.14 Use words that reflect that this is the resident's home. For example:

- Use avenue, neighborhood, or household instead of unit.
- Describe the resident as moving in rather than being admitted.
- Use the word 'encourage' to support the concept that residents are in control of their own choices.
- Explain that staff assists with eating rather than feeds the resident.
- Consider term like "resistance to care" to be a red flag that something is not working for the resident instead of that they are "resistant."

3.a.15 Conduct care conferences in the location most comfortable to the resident and best promotes openness and sharing (for example, in the resident's room). This also makes it accessible to the CNA caring for the resident, and promotes their attendance.

Provide structures for resident engagement

3.a.16 Promote bi-directional relationships between residents and staff (for example, a buddy or guardian angel program that matches residents and staff persons in a long-term relationship). Allow staff paid time to nurture these relationships.

Family = All Loved Ones

3.a.17 Create a "Resident Life Committee" composed of residents and staff who come together to discuss any issues or ideas created by individual neighborhoods or the overall nursing home. Use their suggestions to make changes that contribute to the residents' quality of life (for example, adding their favorite foods to the menu, arranging for a requested music event, etc.).

3.a.18 Create opportunities for the residents to "give to others" and promote meaning in life. This is about reciprocity, which is fundamental to relationships. For example, garden and produce food that is part of the meal, help gather food for food shelf drive, participate in creating a gift when someone living or working at the home has a family baby arriving, select name from local or internal giving tree at holiday times so that staff and residents share the holiday as a community, help staff with English as a second language needs, or collect or provide donations for individuals/groups in need.

3.a.19 Feature a resident monthly at household meetings along with their family present to provide an opportunity to meet everyone and talk about their lives and interests.

3.a.20 Celebrate different staff and resident cultural traditions as a way to better understand and appreciate differences and similarities (for example, sharing foods, customs, and traditions).

3.a.21 Support residents to become involved and celebrate life events of staff such as weddings, births, etc.

3.b Change Concept: Foster relationships with families.

Action Items

3.b.1 Welcome and encourage family members to communicate with staff and the resident.

- Provide staff contact information, including who to contact when.

- Proactively initiate frequent communication with family members (regular calls or meetings) and discuss all aspects of resident care and life.

- Create "two-way" communications – sharing with family and listening to their opinions and concerns.

- Provide feedback to families – if you say you are going to follow-up, do so, and let them know what you found out.

3.b.2 Encourage families and friends to feel welcome and "at home" when visiting.

- Invite family and friends to visit anytime, eliminating visiting hours for resident's family members.

- Give family information on how to access the building at times when doors may be locked.

- Provide access to beverages and comfortable places to visit.

3.b.3 Provide family members with ideas of activities to do with residents when visiting, especially for family members of residents with dementia who may not be able to express their needs in words. For example, help them decorate their room, bring in the family pet for a visit, share family photo albums, share stories, or join them for coffee in the dining room.

3.b.4 Invite family members to activities that the resident enjoys and would enjoy having family members with them at as well.

3.b.5 Invite family members to witness and provide care as they and the resident desire and in accord with the resident's wishes.

3.b.6 Routinely seek resident/family input and participation in your continuous improvement efforts.

3.c Change Concept: Create connections with the community.

Action Items

3.c.1 Ask for suggestions from residents and families about activities they would like to attend in the community, and follow-up on their suggestions and provide transportation (for example, trips to see the changing colors of the leaves, a shopping trip, attend religious services, attend a community event, or attend a local play).

3.c.2 Ask for suggestions from residents and families about community members or groups they would like to invite to the nursing home and follow-up on their suggestions. For example, invite local social, religious, business, and other special interest groups (Red Hat Club, Ladies Aide groups, Kiwanis, Masons, card clubs, schools) so residents can participate and be informed about community news, activities, and events.

3.c.3 Make use of available technology. Use video streaming to broadcast the religious services at the nursing home allowing residents to participate in real time. Provide easy access to the internet to residents.

3.c.4 Be active in your local community to increase awareness and understanding of the services and care you provide and who your residents are (for example, at health fairs, with the Chamber of Commerce, or at the senior center(s)).

3.c.5 Establish discussion groups of interest to residents (for example, an ecology club). Invite community members to participate.

3.d Change Concept: Provide compassionate end of life care.

Action Items

3.d.1 Provide on-site training for staff on the death and dying topic to aid them in providing compassionate care to the dying resident and supporting family members and each other. Share all the ways you support the resident, family, and staff through the process, and seek any ideas for more that can be done.

3.d.2 Encourage empathy by training staff to ask themselves what they would want if they were in the resident's or family's position.

3.d.3 Support the staff members as they provide care for the dying resident, and after the resident passes away, acknowledge their care and presence and feelings.

3.d.4 Develop a system for ensuring that the dying resident is not alone (honoring resident's preference) – include family, staff, and volunteers. Have a sign-up sheet for volunteers/staff to take shifts if the family is not available. Encourage the family to step away from the bedside for their meals, etc. by providing someone to sit with their loved one while they are gone. Be present with the resident and family so that they are not alone.

3.d.5 Provide comfort items for the family/representatives staying with the resident (for example, food, water, and/or blankets).

3.d.6 Involve clergy/pastoral care staff in support of staff as well as resident and family during the dying process. Also, provide access to faith resources 24-hours a day.

3.d.7 With permission of the resident and/or family, encourage other residents and staff to visit the dying resident if they wish.

3.d.8 Let family stay with the resident as long as they want after death occurs.

3.d.9 At the time of death, find ways to honor the deceased resident in line with their and their family's preferences, that give fellow residents and staff the opportunity to mourn the loss and celebrate their life. For example:

- At the time of death, have a reverent but public ceremony where staff and residents can acknowledge and celebrate the deceased. Make sure that staff on all shifts is aware of the procedure so that it happens whenever someone passes away. Laminate the prayer and/or directions for the bedside service so that any staff member can lead it.

- Escort the resident out the front door to the hearse, draped in a special "dignity" quilt. This is called the Walk of Honor.

- Schedule time for a memorial for each resident to share memories of their life. For example, have a process for saying "good bye" when the deceased leaves the facility and "welcome back" when the deceased is brought back for the wake.

- Encourage staff to write notes to the family members to share thoughts, wishes, and memories. Collect the notes and send to the family members. Provide opportunities for anyone who wishes to share memories of the resident.

- Have a memory book in the main waiting area – when a resident passes, a page is added with reflections from the wake and any comments added by those present.

3.d.10 Provide an option for families to have a funeral service at the nursing home as another way of including them and acknowledging that this is their loved one's home.

3.d.11 Provide a meal for the family during the wake.

3.d.12 Do a service for all who have died during the year – as the name is read, a candle is lit; after the service, the family is invited to take the candle home with them.

3.d.13 Greet the family as they return to collect personal belongings; let them know how you are feeling and acknowledge their feelings. Show them you care.

3.d.14 Show slides at annual staff training of all residents that died to help staff remember and assist with grieving. Include photos to put a face with the name.

3.d.15 Provide sturdy, new boxes for packing the deceased resident's belongings. Avoid using brief/diaper or medical supply boxes.

Use this extra space to jot down brilliant ideas and action items!

STRATEGY 4:

NOURISH
TEAMWORK & COMMUNICATION

Change Concepts

4.a **Expect and support effective communication with staff and between staff.**

4.b **Be a team player.**

4.a Change Concept: Expect and support effective communication with staff and between staff.

Action Items

4.a.1 Hold short daily stand-up meeting between manager/supervisor and staff on each shift to share information needed for care, such as information about a new resident or interventions to support well-being, and to share any organizational news and use the time to identify concerns, resource needs, etc.

4.a.2 Implement a formal method for communication between shifts, and if there is not a shift overlap, then at the start and end of each shift (for example, face to face meetings or huddles, Nursing Assistant shift-to-shift bedside report, etc.).

4.a.3 Establish the use of learning circles and huddles to foster relationships and create an opportunity for all to be heard and to determine action needed. Use these methods as part of every day work (for example, to learn about or discuss a new resident). When communication is about real day to day work, it will foster good working relationships.

4.a.4 Establish a process of updating care plans that supports effective communication. Measure and monitor that care plans are updated and support staff in providing individualized care for the resident.

4.a.5 Conduct regular staff surveys and share results with staff, including opportunities for staff response and questions.

4.a.6 Develop communication plans that use multiple approaches (email, verbal, newsletters) based on content and audience to ensure a consistent message is disseminated throughout the organization and across all shifts. Do not rely on word-of-mouth.

4.a.7 Create systems that support teams to function even when they do not have the luxury to meet. For example, use email or staff journals, taking care to follow all data confidentiality requirements.

4.a.8 Remove boundaries between departments. For example:
- Establish regular neighborhood meetings on each shift for the purpose of identifying what is working well, as well as opportunities to improve. Include all departments, including dining services, maintenance, and housekeeping.

- Use interdisciplinary teams for problem solving. Include "all voices" from all shifts that have a stake in what is being discussed. For example, if you are discussing an issue that pertains to a unit/neighborhood/household, you need to include the nursing assistants, dining, housekeeping, nurses, residents, families, etc. Use methods that encourage open and honest communication, especially to get at concerns. Provide a positive response and follow through when staff voice concerns.

- Have housekeepers huddle with CNAs and nurses during shift report, which fosters communication and understanding among staff serving in different roles.

4.b Change Concept: Be a team player.

Action Items

4.b.1 Provide training in systematic methods for teamwork, so the team focuses on the project or issue at hand, not on figuring out how to work together as a team. For example:

- Use templates or methods for consistency and to support shared expectations of process, such as use of common agenda and minute templates.

- Use organizational resources. For example, have a place to put information on a common intranet site.

- Use team tools such as brainstorming and multi-voting techniques.

- Train on TeamSTEPPS® LTC to promote effective teamwork and communication.

4.b.2 Model executive teamwork in interactions with each other and the rest of the organization. Do not delegate teamwork in crisis situations. For example, in a natural disaster, the management stays in the building along with the other team members - maintaining teamwork even when things go wrong.

4.b.3 Involve all staff in changes and improvement to increase their experience of ownership and accountability. For example, when tackling a problem such as removing all audible alarms, start by discussing with staff to learn about their needs and recommendations.

4.b.4 Look for opportunities to coach to help strengthen team relationships. For example:

- Help staff sit down face to face with each other when they have a conflict,and help them talk it through to a good honest resolution.

- Teach and model giving constructive feedback that is timely and specific and respectful, to help team members improve.

- Teach and model offering and accepting help.

4.b.5 Encourage all staff to do whatever is necessary to support residents. For example, expect anyone to assist a resident that is requesting help, and leadership team models this. Let people know do's and do not's such as not giving a resident something to eat or drink without knowing of any restrictions.

4.b.6 Encourage staff to help and support each other on and off the job. For example, have a practice in place to make sure staff is able to attend life events of other staff, such as funerals.

4.b.7 Involve managers in work of the neighborhoods. For example, everyone assists periodically in dining room during a meal.

4.b.8 Reward and recognize teamwork.

- Performance evaluations can include feedback on collaborative practices as much as individual contribution and achievement.

- Encourage and reward staff for supporting each other. Create a real-time reward or recognition program to highlight when staff models this behavior.

4.b.9 Enable management and administrative staff to be as close to the residents and direct care staff as possible to foster shared focus on resident needs. For example, place offices in neighborhoods rather than by department.

4.b.10 Create opportunities for people across departments to pitch in and to break down job divisions. For example, encourage everyone to:

- Take part in activities based on their interests and abilities in order to build relationships with the residents and the other team members.

- Help with transport to an event or with clean-up after an event. Involving staff in different roles promotes higher levels of cooperation and collaboration among staff members.

4.b.11 Look for opportunities for cross training of staff (for example nursing assistants, housekeeping, activities).

4.b.12 Include interdepartmental collaboration in job descriptions.

Use this extra space to jot down brilliant ideas and action items!

Change Concepts

5.a **Make systems thinking the norm.**

5.b **Track your progress.**

5.c **Plan and implement tests of change.**

5.a Change Concept: Make systems thinking the norm.

Action Items

5.a.1 Establish the nursing home as a learning organization whereby staff identifies areas for their own development and in care and service processes at the facility.

5.a.2 Empower residents and families to get involved by identifying areas of improvement and working towards the solution.

5.a.3 Seek the input of primary care physicians/providers in initiatives that impact their residents or the systems of care in the facility.

5.a.4 Discuss processes and systems to identify areas for improvement regularly – in meetings as well as everyday interactions.

5.a.5 If something goes wrong or could go wrong, discuss the processes and systems involved and how they could be improved to prevent future problems. Conduct root cause analyses to understand what happened and take action to prevent future occurrences.

5.a.6 Make visible and talk about how different processes and activities are inter-related and part of systems. Use interdisciplinary problem-solving to ensure safety and quality of life. For example, if a resident likes to stay up late and gets hungry, collaborate between food services and nursing to meet the resident's needs.

5.a.7 Identify implications and consequences of changes to show inter-connectedness and relationships, intended and unintended.

5.a.8 Build checks and balances into practices in order to prevent errors and lapses.

5.a.9 Use prompts and reminders to assist staff in completing critical processes and steps and prevent potential adverse events.

5.a.10 Structure services and staff to allow for maximum response to resident needs. Your systems and processes are set up to get the results you are currently getting. Understand your current processes and

how they are working in order to determine if changes are needed.

5.a.11 Create daily opportunities for learning. For example, use huddles to problem solve to share pertinent knowledge in real time, conduct rounding with MD or nurses, or discuss short vignettes for learning and discussion of how your processes and systems are working.

5.a.12 Explore experiential learning opportunities that promote empathy and generate critical thinking about your systems and processes, such as being placed in lifts, being helped to eat, or sitting in a shower chair.

5.b Change Concept: Track your progress.

Action Items

5.b.1 Measure important measures and indicators of care that are relevant and meaningful to the residents you serve (for example, pressure ulcer rates, falls, infections, emergency department and hospital admissions/readmissions, and satisfaction).

5.b.2 Track staff incidents and accidents and other measures important to the organization.

5.b.3 Set stretch goals. Choose national, state, and local performance benchmarks to beat. Also identify minimum thresholds you do not want to fall below.

5.b.4 Get everyone involved in setting goals, including staff, residents, families, management, and the board.

5.b.5 Openly and transparently share your performance data with staff, board, residents, and families.

- Involve staff in systematically analyzing data to know about the outcomes of their efforts and to be able to identify where performance improvement may be needed.

- Track and report progress toward goals and in meeting performance improvement goals (for example, days at zero pressure ulcers).

- Post the scoreboard that charts progress in common areas such as halls, staff room, etc.

5.b.6 Support the development of employees who have skill in analyzing and interpreting data to assess organizational performance and support improvement initiatives. For example, provide opportunities for training and education on data collection and measurement methodology to staff involved in quality assurance and performance improvement.
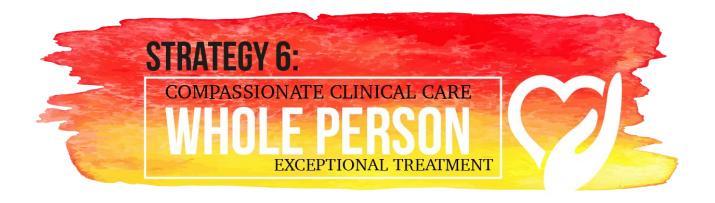
5.c Change Concept: Plan and implement tests of change.

Action Items

5.c.1 Provide leadership support for performance improvement initiatives or projects. Include these roles (the same person may serve in multiple roles):

- A senior leader who will sponsor the project and provide needed resources

- A person who can manage the project or initiative on a day-to-day basis – someone who is expected and able to keep momentum despite setbacks and other factors and distractions that come up

- A key champion or cheerleader who is passionate about the change and can help facilitate change in the unit/department/organization

5.c.2 Use a change methodology like PDSA (Plan, Do, Study, Act) to plan test incremental changes on a small scale prior to implementation of changes; track and monitor your progress.

5.c.3 For each improvement initiative, set specific numerical performance improvement goals and minimum thresholds that staff and leadership personally own, believe in, and understand their role in achieving.

5.c.4 For each improvement initiative, identify process and outcome measures that will be used to assess if the desired changes have been implemented and if they are resulting in an improvement.

5.c.5 Involve people who care about the process being improved (including residents and external stakeholders, when appropriate). Use a multi-department and multi-disciplinary approach to improvement.

5.c.6 Take advantage of existing performance improvement templates and tools that are easy to use and guide systems thinking to define the problem, test interventions, and measure the impact on the problem and on the larger system. Tools are available to support:

- Prioritizing opportunities for improvement
- Chartering performance improvement teams
- Flowcharting
- Conducting root cause analysis
- Developing an action plan including measurement

5.c.7 Focus on the human side of change – recognize how hard it is for people to change. Understand that staff need to know why a change is needed (the value) and what specifically they need to do differently. Provide the support, resources, and tools staff will need in order to make the change. Check in with staff frequently to see how they changes are going. Remove barriers staff face to implementing changes.

Use this extra space to jot down brilliant ideas and action items!

Change Concepts - Provide exceptional compassionate clinical care that treats the whole person.

6.a Implement consistent assignment.

6.b Choose and engage medical leadership wisely.

6.c Transition with care.

6.d Strive to prevent problems, and treat when necessary.

6.a Change Concept: Implement consistent assignment.

Action Items

6.a.1 Train/educate your staff on the benefits of consistent assignment.

6.a.2 Involve staff in planning for consistent assignment to enlist support and listen to concerns. Enlist their help in making assignments looking for balance and what is doable.

6.a.3 Implement consistent and then permanent/life time assignment. Start small – go slow. For example, try on one neighborhood for two weeks, then progress to monthly, and finally permanent as the staff adjusts.

6.a.4 Meet regularly with staff and residents to discuss how consistent assignment is working, including reviewing assignments to ensure that relationships are going well. When there are changes due to residents leaving, arriving, or dying, review the assignments to ensure that they remain fair and are working well.

6.a.5 Use feedback from residents and families in making assignments, making changes in resident assignment only when it will benefit the resident. Engage the interdisciplinary team in working to find solutions and supports for the areas that are challenging.

6.a.6 Assign all disciplines permanently to a neighborhood and consider them as part of the team so they can serve one group of residents and care for the same residents almost every time they are on duty.

6.b Change Concept: Choose and engage medical leadership wisely.

Action Items

Recruit the best

6.b.1 Clearly articulate the expectations of medical leadership to have strong clinical, administrative, and communication skills through the position description. Look for longevity and active involvement in organizations. Don't be afraid to be selective.

6.b.2 Choose an ideal model of care for residents and hire your medical director based on that model. For example, if the ideal situation is to have a medical director round daily, set the expectation and hire based on the model.

Retain/Engage

6.b.3 Provide routine feedback to the medical director and other providers on their performance.

6.b.4 Expect that the medical director and providers listen to nurses, aides, other staff, and actively seek their suggestions, assessments, and recommendations.

6.b.5 Provide competitive compensation so that the medical director can dedicate appropriate time to the facility.

6.a.6 Include the medical leadership in senior leadership teams, committees, and meetings. Structure your team and meetings so they can actively participate.

6.b.7 Engage the medical director and providers in the QAPI committee to review data, look for trends and opportunities for improvement, and make recommendations for addressing them.

6.b.8 Encourage the medical director and providers to keep track of opportunities for improvements and bring those to leadership and QI.

6.b.9 Work with the medical director to ensure that medical orders, such as for medications and diet, are structured to support residents' customary routines. For example, prescribe medications "upon rising" instead of waking someone up to administer the morning medication.

6.b.10 Involve the medical director in the team that establishes and updates clinical care guidelines.

6.b.11 Involve medical leadership in the development of forms/communication tools to use in medical records and for communication.

6.b.12 Involve the medical leadership in providing education programs for staff. For example, have the medical director complete grand rounds regularly where they are educating staff on identification of early symptoms of heart failure, pneumonia, etc.

6.b.13 Involve the current medical director in training his/her replacement.

6.c Change Concept: Transition with care (between shifts, departments, and all care settings).

Action Items

6.c.1 Create a structure and processes for communication to ensure key information is consistently transferred from staff to staff. For example, have the management team bring its daily meeting to review the 24-hour report out to the staff closest to the residents for a shared discussion and problem-

solving.

6.c.2 Ensure that all changes in resident status have been communicated by having staff (for examples, nurses and nursing assistants or nursing assistants and nursing assistants) round together at the change of shift.

6.c.3 Arrange effective communication channels between staff and the medical director and provider staff.

- Set standard times for medical director/primary physician to be available for consult regarding non-urgent issues (for example, 7-8 am or 5-7 pm).

- Ensure access via business or personal cell phone to staff (encouraging staff to call).

- For urgent issues, be available to nurses 24/7.

- Use available technology (electronic medical records, video chat, etc.).

- Reduce or eliminate medical care by fax. Instead, communicate verbally with primary care physicians/providers.

- Use standardized communication templates or tools such as SBAR (situation/background/assessment/recommendation) to promote clear, concise information across providers.

6.c.4 Foster close communication between medical director/primary physician and NPs or PAs, to:

- Provide regular and timely updates on residents to anticipate needs or changes.

- Ensure consistency with plan of care.

6.c.5 Collaborate with referring hospitals to identify needed information at time of admission to NH and transfer to hospital. Provide and receive feedback on effectiveness of interventions.

6.c.6 Encourage and assist resident/families to complete advanced directives, and establish a process to share advance directives during transitions of care.

6.c.7 Work out a process with first responders that assures residents are cared for according to their needs even in a disaster or emergency.

6.d Change Concept: Strive to prevent problems and treat when necessary.

Action Items

6.d.1 Utilize evidence-based or expert-endorsed:

- Pathways, policies, and procedures that staff are trained and supported to follow for common conditions (for example, pressure ulcers, infections, and other conditions unique to your organization).

- Tools and resources to manage conditions that contribute to hospitalizations (for example, congestive heart failure, pneumonia, aspirations, or urinary tract infections).

- Healthcare bundles (see appendices) to reduce the use of inappropriate antipyschotic drug use, maintain and improve resident mobility, and reduce healthcare-acquired infections.

6.d.2 Teach all staff to look for and follow-up on changes in resident conditions. For example:

- Use "stop and watch" forms (small enough to fit in a pocket) that can be completed by any staff and given to the nurse.

- Identify clinical cases for use in education to recognize changes in resident conditions early and

react to them appropriately. For example, review an atypical presentation of heart failure.

6.d.3 Collect data/ information with regard to hospital admissions/re-admissions and emergency department transfers as determined by the nursing home medical and clinical leaders:

- Track and analyze admission and transfer data.
- Identify if the decision to hospitalize was made by the resident's physician or an on-call provider that is not as familiar with the resident.
- Conduct root cause analyses on all residents going to the emergency department or hospital to understand potentially avoidable hospitalizations.
- Review hospital re-admissions with staff as a group learning experience, and identify any opportunities for improvement. Track the resident outcomes.

6.d.4 Communicate and provide education to the providers, residents, and families on what equipment and medications you have available to treat the residents at your facility.

6.d.5 Ensure adequate specialties are available to address the complex needs of residents – optometrist, podiatrists, psychiatrists, psychologists, orthopedics, and geriatric psychiatry.

6.d.6 Bring services to the nursing home to minimize the need for residents to leave the nursing home for care (for example, lab, x-ray, EKGs, modified barium swallows, ultrasound, INR testing, etc.).

Promote skin integrity, prevent pressure ulcers

6.d.7 Identify before admission if a person is at risk for skin breakdown in order to prevent pressure ulcers.

6.d.8 Inspect skin on admission (within xx hours) in order to prevent pressure ulcers.

6.d.9 Conduct comprehensive skin risk assessment (within xx hours) of admission and review on an ongoing basis using a standardized form.

6.d.10 Inspect skin on a weekly basis as a means to prevent pressure ulcers.

6.d.11 Communicate risk assessment results, skin checks, and interventions to the nurses, nursing assistants, and interdisciplinary team members.

6.d.12 Implement a plan for skin integrity (within xx hours of admission) to include, per individualized assessment, as appropriate:

Promote Skin Integrity & Prevent Pressure Ulcers

- Support surfaces (bed and W/C).
- Offer fluids regularly for hydration.
- Provide resident preferred food choices and help the resident eat if needed. Real food first, fortified foods, and then supplements only when necessary.
- Help the resident to be as mobile and active as possible.
- Keep skin clean and dry.
- Provide incontinence care if needed.
- Individualize turning and repositioning schedules.
- Keep heels elevated off bed.
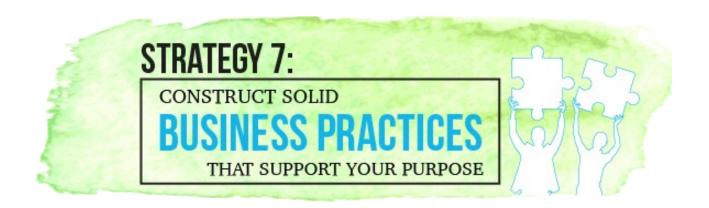- Involve dietary and therapy before any issues arise.

6.d.13 Identify all potential causes of decreased mobility, including mood/mental health concerns, pain, etc.

- Develop a plan to address.

- Promote mobility; avoid physical restraints and falls.

Reduce the likelihood of falls

6.d.14 Eliminate the use of physical restraints.

6.d.15 Deem audible alarms as restraints and develop plan for reduction and ultimate elimination.

6.d.16 Assess all residents for risk for falls and develop an individualized plan for their safety.

6.d.17 Promote strengthening and balance for all residents as a means to prevent falls.

6.d.18 Review all falls (including times, explore causes, determine whether patterns exist) and implement interventions for prevention based upon findings.

6.d.19 Involve resident and family members, the inter-disciplinary team members, and direct care staff in the investigation of falls and ideas for prevention.

Use this extra space to jot down brilliant ideas and action items!

Change Concepts

7.a Seek strategic and creative approaches to expand your resource base to meet your mission and serve your residents.

7.b Maximize your efficiency.

7.c Ensure you are making the most of your physical assets.

7.a Change Concept: Seek strategic and creative approaches to expand your resource base to meet your mission and serve your residents.

Action Items

Support new revenue streams

7.a.1 Be a valued partner to payers and other parts of the healthcare system by demonstrating the high quality of care you provide, opening the doors to your participation in new care delivery and payment models (for example, Accountable Care Organizations, bundled payment programs, readmissions initiatives, etc.).

7.a.2 Engage senior leadership in exploring opportunities to search for alternative revenue streams that are in line with the facility's values and mission. Make the case; provide a cost/benefit analysis, use visuals, etc. Make it fun; whoever comes up with the best idea wins a prize.

7.a.3 Regularly review community needs (for example, physical, occupational, speech,or respiratory therapy). Ask your referral sources about service gaps and unmet community needs.

7.a.4 Seek grants/research opportunities, both private and public, to generate revenue. Maintain relationships with potential funders. Keep funders updated on the status of projects.

7.a.5 Explore innovative ideas to generate revenue. For example, lease unused space, create an office for a dentist, and lease the rooftop for cell phone tower.

7.a.6 Make financial information available to staff so they understand what has an effect on revenues and expenses. Encourage staff involvement in identifying opportunities for additional revenue (no silly questions; letting them know their thoughts count; safe to speak up and be involved).

Increase referrals

7.a.7 Create an internal referral program for staff and residents/families to increase the number of residents.

7.a.8 Focus on fast result channels to increase the number of residents (professional referrals: hospice agencies, assisted living communities, and home health agencies).

7.a.9 Develop and execute a master marketing/outreach plan and calendar to create a demand for services offered.

7.a.10 Develop statistics on the average length of stay (ALOS) per diagnosis, re-hospitalization rate, best practices, 5 star rating, etc. and share with hospitals, physician groups, and other referral sources as part of marketing materials.

7.a.11 Routinely use resident satisfaction survey and follow up on issues and concerns to have data to share with prospective residents and the community.

7.a.12 Develop an anti-attrition program with the goal to have zero dissatisfied ratings (not related to medical, financial, death).

Fundraising

7.a.13 Develop relationships with families for help in fundraising to provide needed equipment and materials.

7.a.14 Include the surrounding community in developing creative ways to fundraise.

7.a.15 Generate a list of equipment and materials that your organization needs (for example, walkers, wheelchairs, clothing, or art materials for recreational activities). Share this list with potential donors.

7.a.16 Include a recreational wish list (for example, games, art supplies, gardening materials, services, areas of expertise) in community accessible places (for example, website, family/community newsletter) with instructions on how people can donate to your organization.

7.a.17 Create an event to draw community financial support, involving all staff (for example, fundraisers, yard sales, or a garden tour).

7.b Change Concept: Maximize your efficiency.

Action Items

Realize potential cost savings

7.b.1 Make investments in items and services that will reduce costs over time (for example, more efficient heating/cooling, lighting, solar panels, water saving plumbing products, recycling, and medical waste disposal).

7.b.2 Engage utility providers to audit the facility for cost savings and rebate opportunities.

7.b.3 Creatively review budget for potential cost savings. For example, review expenses related to vehicles for resident transportation.

7.b.4 Closely monitor scheduling and hours worked. For example, monitor and avoid penalty pay, overtime, and use of agency staff in order to reduce costs and increase efficiency.

7.b.5 Create opportunities for staff to be involved in ideas for cost savings without compromising service.

7.b.6 Assess impact of cost savings ideas on staff (routine, care practices, etc.) prior to making decisions. Think about unintended consequences.

7.b.7 Negotiate prices for products and services. Buy in bulk. Seek opportunities through trade associations or other consortia to achieve group volume discounts.

Manage revenue

7.b.8 Meet with resident/family upon admission to discuss finances, including insurance, billing, and other financial matters, to identify resources to cover your costs.

Realize Potential Cost Savings

7.b.9 Analyze the receivables balance by payer source to identify issues related to a specific revenue stream.

7.b.10 Validate (chart audit) processes to ensure accuracy of billing. (Consistent, accurate, and complete documentation is foundational to reimbursement commensurate to the work performed.)

7.b.11 Invest in staff instead of paying for turnover. Ensure staffing dollars are spent on current staff rather than on the costs of turnover or agency staff.

7.c Change Concept: Ensure you are making the most of your physical assets.

Action Items

7.c.1 Solicit resident and family feedback on the physical environment and explore opportunities for improvement.

7.c.2 Offer adequate outdoor spaces to provide opportunities for residents, family, and staff. If spaces are not being used, find out why and make improvements.

7.c.3 Create meaningful living spaces that residents actually use in their daily lives, such as gardens and kitchens.

7.c.4 Critically analyze noise and constant light to identify opportunities to reduce resident confusion and promote a strong sense of safety.

7.c.5 Re-Invest in building upgrades to keep them modern and efficient.

7.c.6 Provide a room maintenance checklist to track cleaning and maintenance needs (and procedures) with a record of what was done and when. Have a checklist for room readiness when a new person moves in.

7.c.7 Have a 'room of the day' for housekeeping. Each day, one room is thoroughly cleaned, rotating through all resident rooms.

7.c.8 Create maintenance request forms and a process to submit and follow-up on those so that items are addressed quickly.

7.c.9 Schedule managers to round with staff regularly checking to see that all areas are clean and equipment needs met.

7.c.10 Have supplies (lotions, combs, toothpaste, Kleenex, blue pads, disposable briefs, etc.) available where most efficient (on each unit, or in each room) as opposed to a central location in order to reduce staff time required to obtain supplies.

7.c.11 Encourage residents and their families to make their living space work for them. Personalize rooms with residents' belongings. Make adjustments so residents can reach their belongings and function as independently as their physical abilities allow. Allow refrigerators in residents' rooms.

7.c.12 Make shower/bathing areas comfortable, warm, and home-like. Have residents' preferred toiletries/personal products. Provide large bath towels and/or robes to maximize comfort, privacy, and warmth.

7.c.13 Equip kitchens in each living area with the equipment and supplies needed to meet residents' customary routines for eating.

7.c.14 Use bedding, pillows, and mattresses that are comfortable.

7.c.15 Ensure necessary equipment is readily available, well maintained and in good working order. Do this by creating a system where all staff members are responsible for and have workable systems for being able to notify maintenance staff of problems. For example, if a certified nursing assistant notices there is little hot water, this should be reported to maintenance for immediate repair. Have a system for maintenance to update staff on the state of repairs and to ensure that resolutions are effective.

Use this extra space to jot down brilliant ideas and action items!

Attachment 1.
Success Story Template

Directions: Use this template to share a brief story of a change your nursing home made that lead to a demonstrable improvement. Documenting success stories is useful for a number of reasons:

1. it provides a historical record of efforts undertaken by your organization that produced positive results;

2. it promotes taking the time to celebrate achievements;

3. it assists in pinpointing important messages to communicate to stakeholders; and

4. it can relay important lessons for others wishing to emulate your success and establish your organization as a model leader.

Share this story with your state's Quality Innovation Network (QIN) Quality Improvement Organization (QIO). For a listing of QIN-QIOs, see http://www.qioprogram.org/contact.

Note: This abbreviated Success Story Template was adapted from CMS's QAPI tool titled "Success Story Template" that is available at http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/ProcessTool-Framework.pdf.

Success Story Template	
Organization name and location	
Name and contact information for person submitting the story (phone, email)	
Departments represented on the team that worked on this improvement	
What change did you make? Identify Change Concept(s) and Actionable Item(s) utilized. Describe briefly what you did and how you did it.	
What positive outcomes resulted from the change? Share your goals and how you measured the improvement – both data and reactions (stories) from those affected by the change.	

Attachment 2.
Change Bundle: Avoidance of Unnecessary Antipsychotic Medications in Nursing Home Residents Living with Dementia

March 2015

A healthcare improvement bundle is a proven approach that helps providers more reliably deliver the best possible care for residents/patients. A bundle is a structured way of improving the processes of care and resident/patient outcomes: a small, straightforward set of evidence-based practices – generally three to five – that, when performed collectively and reliably have been proven to improve outcomes (adapted from IHI.org). Examples of successful bundles include those used in hospitals to reduce Central Line-Associated Bloodstream Infection (CLABSI), catheter-associated urinary tract infections (CAUTI), Surgical Site Infection (SSI), and Ventilator-associated pneumonia (VAP).

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 Partnership has a mission to deliver healthcare 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 individual's need.

The bundle of actions below represents the practices described by nursing homes participating in the National Nursing Home Quality Care Collaborative to successfully reduce the use of inappropriate antipsychotic drug use. Nursing homes across the country, in collaboration with CMS, QIN-QIOs, long-term care trade associations, professional organizations, state health departments, ombudsmen, and many other partners and stakeholders have been working over the past several years to improve care for persons living with dementia, with particular focus on reducing inappropriate antipsychotic drug use. While the actions described below are generally supported by the literature and evidence-based guidelines provided by organizations or programs such as the Iowa Geriatric Education Center, AMDA, AGS, and the Alzheimer's Association, additional research is needed to evaluate the most effective approaches to avoiding inappropriate antipsychotic use in nursing home residents with dementia. As evidenced below, the solution to improving care for persons living with dementia in nursing homes, likely involves a multi-faceted approach, perhaps not easily summarized in three-to-five practices.

The overall approach described by participating nursing homes was to form a multi-disciplinary quality improvement team committed to improve care for persons living with dementia and avoid inappropriate use of antipsychotic drugs. They included, for example, nursing staff, medical director, department leaders such as therapeutic recreation, social services, and direct care staff that care for residents with dementia. They planned and implemented a structured quality improvement project that assessed current data and practices with regard to antipsychotic drug use, and identified and implemented changes that resulted in improved resident outcomes. They actively engaged staff, residents, and family members.

Five Point Bundle:

1. Design and create a calming environment.

   a. Eliminate loud or competing noises. Television, music, and other sources of auditory or visual stimulation should be used judiciously and only when residents are actively engaged. It should not become background noise.

   b. Have a place for everything, and everything in its place. The environment should be clean, uncluttered, and well organized to reduce confusion and stress caused by unexpected changes to the environment. It also decreases the chance of people losing their way or becoming upset when they are not able to find things.

   c. Eliminate patterns in carpet or other furnishings that could be confusing. Reduce shadows and glare (such as floors, mirror, and windows).

   d. Include private personal spaces that are comforting and soothing to residents.

   e. Respect each resident's private space.

2. Create meaningful relationships.

   a. Implement consistent assignment. Staff that consistently care for and interact with a resident get to know them personally; this allows the staff to more easily recognize early changes in resident condition or behavior and to better meet their needs and preferences.

   b. Establish familiar faces – with a goal of developing trust and familiarity between residents and all staff with whom they interact to minimize fear and anxiety.

3. Provide meaningful activities

   a. Identify opportunities for individuals to contribute to the daily routine such as helping with laundry or meal preparation, greeting visitors, feeding pets, or welcoming new residents.

   b. Encourage decision making throughout the day, preferably on issues that have direct impact on the individual, and honor those decisions.

   c. Engage individuals in conversation; know some of their favorite discussion topics.

   d. Promote and encourage mobility (for example, walking, transferring, arm or leg exercises, tai chi) throughout every day. Make frequent physical movement – passive and active - a priority in every daily care plan.

4. Identify and treat physical and mental conditions

   a. Identify practitioners in the community that are skilled at working with individuals with dementia and willing to provide onsite care.

   b. Educate staff on assessment of behaviors (considering behaviors as signs of unmet needs such as pain, fear, anxiety, hunger, needing to use the bathroom, boredom, fatigue, under/overstimulation), and possible non-pharmacologic approaches to their management. Do not treat behaviors, instead understand and treat what they represent.

   c. Educate all staff on the signs and symptoms of delirium as well as appropriate interventions.

5. Define a consistent approach to minimize the use of antipsychotic medications

   a. Engage pharmacy consultants to identify opportunities for changing or eliminating medications to maximize

benefit and minimize side effects.

b. Use the medical director to communicate between the interdisciplinary team and attending (medication-ordering) physicians and other mental health professionals to align goals and practices with regard to providing improved care for persons with dementia and avoiding inappropriate antipsychotic drug use.

c. Prior to initiation of any new antipsychotic drug for a resident, implement a policy that key leaders (e.g., director of nursing, medical director) must sign-off on the plan for initiation and monitoring of the drug.

d. Use data to identify and track who is taking an antipsychotic drug and why.

e. Identify residents that are appropriate for gradual dose reductions.

f. Establish a clear plan for the dose reduction incorporating a plan for monitoring and reassessing the resident's response to the reduction. Actively engage staff, residents, and family members as appropriate.

Attachment 3.
Change Bundle: To Encourage Nursing Home Residents' Mobility

March 2015

A healthcare improvement bundle is a proven approach that helps providers more reliably deliver the best possible care for residents/patients. A bundle is a structured way of improving the processes of care and resident/patient outcomes: a small, straightforward set of evidence-based practices – generally three to five – that, when performed collectively and reliably have been proven to improve outcomes (adapted from IHI.org). Examples of successful bundles include those used in hospitals to reduce Central Line-Associated Bloodstream Infection (CLABSI), catheter-associated urinary tract infections (CAUTI), Surgical Site Infection (SSI), and Ventilator-associated pneumonia (VAP).

The bundle of actions below represents the practices described by nursing homes participating in the National Nursing Home Quality Care Collaborative to maintain and improve mobility. Nursing homes across the country, in collaboration with CMS, QIN-QIOs, long term care trade associations, professional organizations, state health departments, ombudsmen, and many other partners and stakeholders have been working over the past several years to improve care for persons living in nursing homes. While the actions described below are generally supported by the literature and evidence-based guidelines provided by organizations or programs such as Advancing Excellence in America's Nursing Homes, AMDA, and the American Geriatrics Society. Additional research is needed to evaluate the most effective approaches to maintaining and improving mobility in long-stay nursing home residents. As evidenced below, the solution to maintaining and improving mobility among nursing home residents, likely involves a multi-faceted approach, perhaps not easily summarized in three-to-five practices.

The overall approach described by participating nursing homes was to form a multi-disciplinary quality improvement team committed to maintain and improve mobility in nursing home residents, to support function and well-being. They included, for example, nursing staff, medical director, department leaders, physical, occupational and other therapies, social services, and direct care staff. They planned and implemented a structured quality improvement project that assessed current data and practices with regard to mobility, and identified and implemented changes that resulted in improved resident outcomes. They actively engaged staff, residents, and family members.

Six Point Bundle:
1. **Define mobility for each unique individual.**

   a. The focus should be on ways the resident can move from place to place and how they can move all parts of their body.

   b. Develop policies to support movement (such as policies to support any of the points in this bundle). Avoid policies that limit movement (such as prohibiting dancing or running).

   c. Include mobility goals and preferences (for example, around standing, rising from a seated position, walking, turning, transferring, exercising, using cane or walker or wheelchair) in care plans.

   d. Continue to redefine the resident's mobility over time as the person either increases in ability or other changes to their physical condition occur; update the care plan.

2. **Provide a place or space to move.**

    a. Create space for walking or self-propulsion.

    b. Keep movement spaces free from clutter.

    c. Design surfaces to support all types of propulsion, walking, or wheeling.

    d. Assure exercise areas are well lit, convenient, and inviting. They should be accessible to everyone. Decorations should be calming and free from excess visual or auditory stimuli (loud television, distraction patterns, glare from floors, windows, or mirrors).

3. **Provide supportive equipment.**

    a. Ensure appropriate footwear is available for residents. Socks and shoes should not be too tight (avoid pressure points) or too loose (avoid friction). Soles of shoes should be appropriate for the individual.

    b. Grab bars and supportive devices should be in place and well maintained.

    c. Furniture should be of appropriate height for transfers.

    d. Minimize use of wheelchairs and lift chairs in order to encourage ambulation and decrease loss of leg strength.

4. **Train staff and residents.**

    a. Provide exercise programs that promote strengthening, balance, stability, and endurance. These could include lifting weights, tai chi, agility courses, pre-Pilates, boxing, and walking programs.

    b. Make movement and mobility part of all activities and part of everyone's daily routine. Look for ways to add movement outside of scheduled "exercise" sessions (such as group stretching prior to playing bingo).

    c. Train staff on how to look for and support good body mechanics (to sit, stand, lift, carry, bend, sleep) in residents (and themselves).

5. **Support and encourage.**

    a. Encourage residents to do tasks for themselves (such as, dressing, personal hygiene, turning), with the understanding this may take extra time.

    b. Develop restorative nursing programs that work closely with therapy to ensure mobility continues after residents are no longer receiving physical therapy.

    c. Promote adequate sleep by creating a restful environment that limits night time noise and lights and other disruptions.

6. **Address physical and psychological needs that inhibit mobility.**

    a. Assess for and treat pain.

    b. Assess for other clinical signs and symptoms that suggest underlying conditions that could limit mobility (such as shortness of breath, COPD, hypoxia, claudication, and coronary artery disease).

    c. Assess for and treat conditions that impact motivation (such as depression and anxiety).

    d. Review medications and work to eliminate medications that may be adversely affecting mobility.

Attachment 4.
Change Bundle: To Prevent Healthcare-Acquired Infections

March 2015

A healthcare improvement bundle is a proven approach that helps providers more reliably deliver the best possible care for residents/patients. A bundle is a structured way of improving the processes of care and resident/patient outcomes: a small, straightforward set of evidence-based practices – generally three to five – that, when performed collectively and reliably have been proven to improve outcomes (adapted from IHI.org). Examples of successful bundles include those used in hospitals to reduce Central Line-Associated Bloodstream Infection (CLABSI), catheter-associated urinary tract infections (CAUTI), Surgical Site Infection (SSI), and Ventilator-associated pneumonia (VAP).

The bundle of actions below represents the practices described by nursing homes participating in the National Nursing Home Quality Care Collaborative to prevent healthcare-acquired infections. Nursing homes across the country, in collaboration with CMS, QIN-QIOs, long term care trade associations, professional organizations, state health departments, the Centers for Disease Control and Prevention (CDC), ombudsmen, and many other partners and stakeholders have been working over the past several years to improve care for persons residing in long-stay nursing homes. The actions described below are supported by the literature to help prevent healthcare-acquired infections.

Six Point Bundle:
1. Promote hand hygiene.

a. Set clear expectations for hand hygiene practices for all staff.

b. Provide visible reminders of when hand hygiene is needed.

- When visibly soiled or contaminated

- Before and after having direct contact with residents (for example, helping them to eat or with other daily needs)

- After removing gloves

- Before eating or handling food

- After using restroom

c. Make soap/waterless alcohol-based hand sanitizers readily available.

- Look for ways to make these items readily available to staff given their workflow (for example, provide hand sanitizer bottles that staff can carry in their pockets).

- Identify and address any barriers that are preventing staff from washing their hands (for example, understaffing, overcrowding, if they are frequently carrying items and have no place to put them before washing their hands).

- Recognize that residents may need assistance with washing their hands.

- Recognize that hand sanitizer can be drying, which can make skin more prone to infection; look for non-drying products and make lotions available.

- Provide staff hand hygiene education (describe activities that contaminate hands, the role that contaminated hands play in infection transmission, the morbidity and mortality associated with healthcare-acquired infections, and how to appropriately wash hands) (resources available at http://www.cdc.gov/handhygiene/index.html).

d. Provide education to residents, families, and visitors on the importance of proper hand hygiene (for example, a fact sheet or poster).

e. Provide staff ongoing coaching and performance feedback about hand hygiene.

f. Conduct hand hygiene audits routinely.

2. Prevent transmission of infections by staff.

a. Set expectations for staff on adherence to Standard and Transmission Based Precautions that include contact precautions, droplet precautions, airborne precautions, and proper use of personal protective equipment.

b. Provide regular mandatory staff education on infection prevention procedures.

c. Stress that the use of gloves and other personal protective equipment does not replace hand washing.

d. Provide adequate supplies for compliance with isolation precautions and have readily available outside of an isolation room.

e. Appropriately assign residents to rooms to reduce exposure if private rooms are not available; cohort residents according to CDC guidelines (separate symptomatic and asymptomatic residents).

f. Use single-use or dedicated resident care equipment when appropriate.

g. Discourage staff from working when sick.

3. Prevent transmission of infections by all persons.

a. Have a process in place to communicate isolation precaution status to families and visitors, and assist them with complying with all necessary precautions.

b. Implement a flu vaccination program for residents and staff.

c. Ask families/visitors who are ill to not visit.

4. Establish and implement system-wide environmental cleaning policies.

a. Clean and disinfect resident rooms and resident care equipment using EPA-registered disinfectants.

- Define routine cleaning procedures (for example, daily) and procedures for more intense cleaning (for example, monthly, on resident discharge, and change in isolation status).

b. Follow standardized precautions for handling of soiled linen and waste materials.

c. Dispose of infectious/biohazard waste according to OSHA Bloodborne Pathogen Standards and state/local regulations.

d. Clean and disinfect re-usable patient care equipment (for example, glucometers) between residents.

e. Have a defined process in place for handling supplies in the room after a resident is discharged or no longer in isolation.

5. Identify and treat infections appropriately.

a. Practice antibiotic stewardship, including minimizing use of broad spectrum antibiotics and educating staff and families on the role of antibiotics.

b. Follow evidence-based guidelines to obtain a UA/CS (urinalysis and culture and sensitivity) and other cultures; review these guidelines with your medical director.

c. Isolate and contact the physician for a resident on (or recently on) antibiotics experiencing diarrhea.

d. Track, monitor, and analyze infection data; perform root cause analysis on outbreaks/rise in infection rates.

e. Consider use of probiotics or yogurt (as tolerated) when using antibiotics (evidence is inconclusive on this).

6. Avoid indwelling catheter use unless appropriately indicated.

a. Ensure correct diagnoses for voiding problems such as stress, urge, and overflow incontinence or urinary retention.

b. Create individualized toileting plans based on the cause of the voiding problem. These plans may include frequent toileting or identifying residents that cannot tolerate delay in toileting.

   - Ensure that residents are able to get to the bathroom on a regular basis, and when they need to, without delay.

   - Prevent and treat constipation as this can make incontinence worse.

c. Try alternatives to indwelling catheters such as intermittent straight catheterization or condom catheters.

d. Use a bladder scanner to assess for urinary retention.

e. Obtain a urology consult to assess and diagnose the specific condition necessitating the need for catheter use and to recommend the appropriate course of treatment.

f. Utilize two-person insertion of an indwelling catheter using sterile technique.

g. Maintain a closed catheter system.

h. Continually assess resident need for the urinary catheter and remove the catheter as soon as appropriate.

i. Provide staff education on catheter associated urinary tract infection (CAUTI) and appropriate indications for catheter use.

Resource:

Centers for Disease Control and Prevention, healthcare-associated infection prevention resources at tools:
http://www.cdc.gov/HAI/prevent/prevention_tools.html#ltc

Attachment 5.
Change Bundle: Prevention of *C. difficile* Infections in Nursing Homes

April 2017

A healthcare improvement bundle is a proven approach that helps providers more reliably deliver the best possible care for residents/patients. A bundle is a structured way of improving the processes of care and resident/patient outcomes: a small, straightforward set of evidence-based practices that, when performed collectively and reliably have been proven to improve outcomes (adapted from IHI.org).

The bundle of actions below represents practices described by the Centers for Disease Control and Prevention to successfully prevent and manage *C. difficile* infections (CDI) in nursing homes. This bundle adds a level of specificity to the attachment 4 Change Bundle: Preventing Healthcare-Acquired Infections.

Six Point Bundle:

1. Implement an early response to potential CDI.

a. Establish a process to ensure that nurses are made aware of residents experiencing diarrhea.

b. Work with the medical director to establish criteria to suspect CDI (including, for example, three or more liquid or watery stools above what is normal for the resident within a 24 hour period).

c. Implement preemptive contact precautions:

    i. Use gown and gloves when providing direct care for the resident.

    ii. Handwashing with soap and water before and after any direct care.

    iii. Consider keeping the resident in contact isolation, restricting movement to common areas until symptoms resolve.

d. Implement standing orders to test for *C. difficile* (when criteria are met).

e. Set up an alert system with the laboratory for direct notification of a positive CDI result, so that the result doesn't sit in a pile somewhere for a few days.

f. Consider treating a positive *C. difficile* result as a critical value, and establish a process for provider notification and follow-up within a certain number of hours.

    i. Establish a process for follow-up with the medical director if the provider is not available.

2. Minimize transmission by residents.

a. Keep the resident in a private room if possible, or cohort with another resident with CDI.

b. Encourage the resident to do hand hygiene with soap and water.

c. Consider extending contact precautions and isolation until a week or longer after symptoms resolve, as persons with CDI continue to shed spores and have *C. difficile* on their skin in the first few days to weeks immediately after their symptoms resolve.

    i. Consider and establish strategies for restricting resident movements (for example, to common areas) during some narrow time periods to contain quickly and prevent the spread of infection when a resident has acute diarrhea with CDI.

      ii.   Recognize that staff, residents and family may consider being in contact precautions a hardship (negatively impacting residents' psychosocial well-being) – talk with them about why this is being done – to prevent the spread of *C. difficile*.

3. Minimize transmission by staff.

a. Educate staff on how *C. difficile* emerges and spreads – help them to visualize how this happens and how the use of handwashing and contact precautions helps to prevent its spread.

      i.   *C. difficile* is not killed by soap and water or alcohol, but rubbing our hands together and rinsing helps to wash the *C. difficile* down the drain.

b. Use gowns and gloves for direct care to protect from contamination; use with residents with active CDI.

      i.   Make sure that gowns and gloves are available at the door.

      ii.   Ensure that staff (and visitors) put on gown and gloves before going in the resident's room and take them off prior to walking out of the room.

      iii.   Designate someone on every shift to replenish supplies.

c. Ensure that staff (and visitors) understand that they must wash their hands with soap and water, even with glove use.

      i.   Address the common misperception that hand hygiene is not needed when gloves are worn. Studies have shown that wrist and hands can become contaminated during glove removal, so glove use alone may not be adequate to prevent hand contamination.

d. Conduct a walkthrough of handwashing stations, including sinks and soap. Create those stations if needed to ensure that staff have convenient access to wash their hands between caring for residents.

e. Ensure that staff workload includes and supports time for handwashing (so that staff do not feel they are too busy to wash hands).

      i.   Consider conducting focus groups with staff to identify barriers to hand hygiene and address those barriers.

f. Provide periodic education on and give feedback on the use of hand hygiene practices (to supplement education).

g. Dedicate items for care of residents who are in contact precautions, such as dedicated blood pressure cuff, single use stethoscope, or IV pole.

h. Observe adherence to contact precaution practices, particularly high risk situations, and provide feedback to caregivers.

i. Communicate clearly to healthcare providers, caregivers, residents, and families about policies and provide clear documentation of rationale, why we start and why we discontinue these precautions, so that everybody understands.

4. Limit use of Fluroquinolones (broad spectrum antibiotics) as these can increase the likelihood of a person developing a *C. difficile* infection.

a. Fluoroquinolones include ciprofloxacin, norfloxacin, and ofloxacin, gemifloxacin, levofloxacin, and moxifloxacin.

b. Work with the medical director, pharmacists, and providers to assess antibiotic use in the facility, including the use of Fluroquinolones.

    i.   Know the frequency/indications for antibiotic use by medical providers in your facility. Apply criteria to assess utilization in a standard way.

    ii.   Develop standard protocols for assessing residents who are suspected to have new infections.

    iii.   Standardize information provided during communication between nursing staff and clinicians to improve how antibiotics are used – to support prescribers in making the best decisions and to not apply pressure for antibiotics.

    iv.   Ensure documentation of signs/symptoms is complete.

    v.   Reassess need for antibiotics once further data is available; establish processes for an antibiotic "time out" where the prescriber considers if it is appropriate to stop, streamline, or shorten the duration of the drug.

5. Focus on environmental cleaning with attention to high risk surfaces when caring for persons with *C. difficile.*

a. Establish environmental cleaning policies and procedures.

b. Clean and disinfect rooms, surfaces, and shared equipment using bleach or Environmental Protection Agency-approved, spore-killing disinfectant products to kill *C. difficile* spores (product has to smell like bleach).

c. Conduct more frequent cleaning of high touch surfaces such as bedside table, toilet, and sinks.

    i.   Ensure that other high touch surfaces are not being overlooked, such as bed rails, bedside tables, blood pressure cuffs, call buttons, IV poles, curtain rales, bed frames, door handles, etc.

d. Dedicate single use, disposable equipment for residents with *C. difficile* when possible. Make sure these items aren't re-used by other residents.

e. Ensure that all shared equipment is being cleaned and disinfected between resident use.

    i.   Be clear about who is cleaning certain pieces of equipment/who has responsibility.

    i.   Maintain log books of cleaning/disinfection for large equipment like wheelchairs, transport stretchers, etc.

f. Audit cleaning practices and provide feedback to staff.

g. Consider the use of environmental markers to audit practices (for example, florescent environmental markers to assess cleaning adequacy).

6. Vigilantly monitor persons that have had *C. difficile* for relapsing disease.

a. Understand that people are particularly vulnerable in the first month following infection.

b. Ensure that you have a system for staff to know who has had a *C. difficile* infection.

c. When discussing a resident's signs and symptoms with a provider, nurses should be aware of and include information about the resident's recent *C. difficile* infection and antibiotic use.

Bibliography

Ashraf MS, Hussain SW, Agarwal N, et al. Hand hygiene in long-term care facilities: a multicenter study of knowledge, attitudes, practices, and barriers. CHE 2010; 31(7):758-762.

Boyce JM. Environmental contamination makes an important contribution to hospital infection. J. Hosp Infect .2007;65(S2): 50–54.

Carling P, Briggs J, Perkins J, Highlander, D. Improved cleaning of patient rooms using a new targeting method. C lin Infect Dis 2006;42:385-8.

CDC/HICPAC Guideline for Hand Hygiene in Health-care Settings. MMWR 2002; vol. 51, no. RR-16. World Health Organization. http://www.who.int/gpsc/5may/tools/who_guidelines-handhygiene_summary.pdf

CDC/HICPAC. 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html

CDC/HICPAC. Management of Multidrug-Resistant Organisms in Healthcare Settings, 2006. http://www.cdc.gov/hicpac/pdf/MDRO/MDROGuideline2006.pdf

CDC. Healthcare Aquired Infection Prevention Toolkits. https://www.cdc.gov/HAI/prevent/prevention_tools.html

Cohen SH, Gerding DN, Johnson S, et al. Clinical Practice Guidelines for Clostridium difficile Infection in Adults: 2010 Update by the Society for Healthcare Epidemiology of America (SHEA) and the Infectious Diseases Society of America (IDSA) Infec Control Hosp Epi 2010; 31:431-55

Ellingson K, McDonald C. Reexamining methods and messaging for hand hygiene in the era of increasing Clostridium difficile colonization and infection. Infect Control Hosp Epidemiol 2010;31:571-3.

Johnson S, Gerding DN, Olson MM, et al. Prospective, controlled study of vinyl glove use to interrupt Clostridium difficile nosocomial transmission. Am J Med 1990;88:137-40.

Furuno, JP et al. AJIC. 2011; 1-5 epub (challenges with transmission based precautions in nursing homes)

Manian, FA, Griesnauer S, Bryant A. Implementation of hospital-wide enhanced terminal cleaning of targeted patient rooms and its impact on endemic Clostridium difficile infection rates.Am J Infec Control 2013; 41(6):537-41

Weber DJ, Anderson D, Rutala W. The role of the surface environment in healthcare-associated infections. Curr Opin Infect Dis 2013, 26:338–344.

Attachment 6.
Change Bundle: To build capacity for QAPI success

April 2017

A healthcare improvement bundle is a proven approach that helps providers more reliably deliver the best possible care for residents/patients. A bundle is a structured way of improving the processes of care and resident/patient outcomes: a small, straightforward set of evidence-based practices that, when performed collectively and reliably have been proven to improve outcomes (adapted from IHI.org).

The bundle of actions below represents practices described by QAPI subject matter experts, clinicians, and nursing home leaders who have been working over the past several years to prepare for QAPI. Success at QAPI takes more than working through a list of actions. QAPI is about making purposeful and effective changes.

There have been incentives for nursing homes to focus on quality assurance as a way to monitor for failure, to meet regulatory expectations, and provide care that does not fall below the minimum standards. With the development of QAPI and promulgation of QAPI regulation, nursing homes have incentive to focus on quality improvement and development of systems that prevent adverse events, promote quality of care and quality of life. As QAPI regulations come into effect, surveyors will be trained to better identify negative outcomes or adverse events as a system failure rather than the result of individual performance. Therefore, all nursing homes will need to have a solid grasp of systems thinking and the ability to address problems and opportunities from a systems perspective to be successful – this is the essence of QAPI.

Five Point Bundle:

1. Believe that strong and effective QAPI is necessary for success.

a. Focus on the needs of the resident first.[1]

b. Use data effectively in order to understand performance.

c. Be proactive and generate opportunities for improvement - simply reacting and responding to state survey findings is no longer the norm.

d. Strive to be a high-reliability organization – goal is to have as many things as possible go right —it is about being dependable and getting things right and radically reducing system failures.

e. Develop an effective QAPI plan that is unique to each organization and systematically guides the actions of leaders and staff to implement QAPI (not just a tool that is filed away and not referenced).[2]

2. Picture a desirable future.

a. Seek and act upon input from residents, families, and staff.

b. Encourage everyone to ask the question, "Wouldn't it be great if….?" Use the answers to guide improvement.

c. Focus on good health, not just good healthcare.

d. Communicate the desirable future.[3]

3. **Develop a culture for QAPI.**

   a. Nourish teamwork and communication.[4]

   b. Be a continuous learning organization.[5]

   c. Focus on processes and systems and not primarily on individual behavior as a way to make improvement or address unintended results.

   d. Pay attention to how much improvement work is actually going on - balance quality control, improvement, and innovation. Understand that by spending an enormous amount of time on control or monitoring, that decreases the time the organization has to focus on improvement and innovation.

      - Monitoring to ensure compliance with minimum standards should be a small portion of the work of the organization.

      - Most of the work in quality should be spent on improvement – looking for opportunities to improve the resident experience and to support staff –keep trying hard to get better.

      - Look at doing work in new ways (innovation) that benefit both residents and staff.

4. **Effectively use quality improvement tools and techniques.**

   a. Prioritize improvement efforts based on criteria.[6]

   b. Utilize charters for performance improvement project to guide teams.[7]

   c. Flowchart processes to understand how work really happens and to look for opportunities for improvement.

   d. Utilize root cause analysis (RCA) as a way to learn; understand what happened, why it happened, and then take positive action to prevent it from happening again.[8]

   e. Make small tests of change the expectation in any improvement effort, in order to learn from failures without a large impact, start to document the improvement resulting from the change, and to learn how to adapt the change as needed before broad scale changes are implemented.[9]

5. **Measure performance.**

   a. Be selective in which measures you choose to track performance. Only track the ones you will use. Change out the measures that you track as needed.[10]

   b. Do not rely on only externally generated measures for performance. Develop organization specific measures that are relevant for your residents and organization.[11]

   c. Set goals and measure progress toward goals.

   d. Set thresholds to trigger change in approach if outcomes are not as expected.

   e. Document and share results of all improvement work. Share results of QI initiatives to support learning across organizations, for example, share with your QIN-QIO, trade association, professional association, and consider working with academics to publish your work.

Resources and references:

1. Change Package: Construct solid business practices that support your purpose (Change package strategy #7)

2. Guide for developing a QAPI plan https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/qapiplan.pdf

3. Change Package: Lead with a sense of purpose (Change package strategy #1)

4. Change Package: (Change package strategy #4)

5. Change Package: (Change package strategy #5)

6. Prioritization tool https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/PIPPriorWkshtdebedits.pdf

7. Charter tool https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/pipcharterwkshtdebedits.pdf

8. RCA https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/guidanceforrca.pdf

9. PDSA https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/pdsacycledebedits.pdf

10. Measurement section from Guide for creating a QAPI plan https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/qapiplan.pdf

11. Measure development tool https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/measindicatdevwksdebedits.pdf

QAPI Implementation Checklist*

This tool may be helpful in assessing your organization's progress toward meeting the 2016 Reform of Requirements for Long-Term Care Facilities QAPI regulations.

Our organization maintains documentation of a QAPI Plan that includes:

❑ Identification, reporting, investigation, analysis, and prevention of adverse events.

❑ Implementation and evaluation of corrective actions or performance improvement activities.

The design and scope of our organization's QAPI Plan addresses:

❑ All systems of care and management practices.

❑ Clinical care, quality of life, and resident choice.

❑ Use of the best available evidence to define and measure indicators of quality.

❑ Use of the best available evidence to define and measure facility goals that reflect processes of care.

❑ Use of the best available evidence to define and measure facility operations that have been shown to be predictive of desired resident outcomes.

❑ The complexities, unique care, and services that our facility provides.

Our organization has established and implemented written policies and procedures, including:

❑ A system to obtain and use feedback and input from direct care staff, other staff, residents, and resident representatives to identify problems that are high risk, high volume, areas that are problem prone, and other opportunities for improvement.

❑ Systems to identify, collect, and use data and information from all departments as part of the facility assessment, and include how such information will be used to develop and monitor performance indicators.

❑ Facility development, monitoring, and evaluation of performance indicators, including the methodology and frequency for such development, monitoring, and evaluation.

❑ Facility adverse event monitoring, including identifying, reporting, tracking, investigating, and analyzing data and information and how the facility will use the data to develop activities to prevent adverse events.

To ensure that performance improvement is realized and sustained, our organization has developed and implemented policies addressing how we will:

❑ Use a systematic approach to determine underlying causes of problems impacting larger systems.

❑ Develop actions to effect change at the systems level to prevent quality of care, quality of life, safety problems.

❑ Monitor the effectiveness of performance improvement activities to ensure that improvements are sustained by measuring success and tracking ongoing performance.

Our organization's QAPI activities:

❑ Set priorities focusing on high-risk, high-volume, or problem-prone areas, considering the incidence, prevalence and severity of problems in those areas and affecting health outcomes, resident safety, resident autonomy, resident choice, and quality of care.

- ❑ Track medical errors and adverse resident events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the facility.

- ❑ Include distinct performance improvement projects. The number is determined by the facility's scope, complexity of the facility's services, and available resources as reflected in the facility assessment.

- ❑ Include at least annually an improvement project that focuses on high risk or problem-prone areas identified through data collection and analysis.

Our organization's governing body and/or executive leadership – or group or individual who assumes full legal authority and responsibility for operation of the facility – is responsible and accountable for ensuring that:

- ❑ QAPI is defined, implemented, maintained, and ongoing, and addresses identified priorities.

- ❑ Adequate resources are available for QAPI, ensuring staff time, equipment, and technical training.

- ❑ QAPI is sustained during transitions in leadership and staffing.

- ❑ Problems and opportunities that reflect organizational process, functions, and services provided to resident based on performance indicator data, resident and staff input, and other information are identified and prioritized.

- ❑ Corrective actions address gaps in systems, and are evaluated for effectiveness.

- ❑ Clear expectations are set around safety, quality, rights, choice, and respect.

Our organization maintains a quality assessment and assurance committee that:

- ❑ Consists of:
    - ❑ The director of nursing services
    - ❑ The medical director or designee
    - ❑ At least three other members of the facility's staff, at least one of who must be the administrator, owner, a board member, or other individual in a leadership role
    - ❑ The infection control and prevention officer

- ❑ Reports activities to the facility's governing body, or designated person(s) functioning as a governing body.

- ❑ Meets at least quarterly and as needed to coordinate and evaluate QAPI activities.

- ❑ Develops and implements appropriate plans of action to correct identified quality deficiencies.

- ❑ Regularly reviews and analyzes data, including data collected under QAPI, and data resulting from drug regimen reviews.

- ❑ Acts on available data to make improvements.