



THE AMERICAN HEALTH QUALITY ASSOCIATION

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Background Materials

New National QIO Effort: Improving Nursing Home Quality of Care

Overview

Taking the Lead: Quality Improvement Organizations (QIOs) are playing a critical role in a new federal initiative to help nursing homes improve care for residents who suffer from pain, delirium, depression, pressure ulcers, and loss of everyday functions. Working under contract to the U.S. Department of Health and Human Services, QIOs are providing nursing homes with materials and technical support needed to upgrade clinical and organizational systems. A nationwide rollout of the initiative scheduled for October 2002 follows a pilot effort in six states—Colorado, Florida, Maryland, Ohio, Rhode Island, and Washington.

Increasing Public Awareness: The QIO initiative complements a move by the Centers for Medicare and Medicaid Services (CMS) at HHS to publicly report on the quality of care at every Medicare and Medicaid participating nursing home. For the pilot, CMS will focus on measures of quality including: pain management, improvement in walking, use of restraints, avoidance of daily living decline, and prevalence of pressure ulcers, delirium and infections. QIOs will also head the effort to help the public understand and use quality measures in selecting nursing home facilities.

Building on Experience and Partnerships: QIOs in nearly every state have worked with nursing homes on specific quality of care projects. QIOs will draw on this experience, as well as partnerships with state agencies, health plans, professional groups, industry associations, and consumer advocacy organizations to broadly improve nursing home quality of care.

Sharing Methods and Best Practices: QIOs will help nursing home management identify what is necessary to create a quality improvement culture and empower staff to build quality improvement processes into everyday work. In every state, QIOs will provide all nursing homes with up-to-date information and strategies for establishing an organizational structure that supports quality improvement. The materials offer guidelines for proper care, methods for improving care, staff training information, model policies and protocols, and tools for assessing care. QIOs also will facilitate regional nursing home alliances to help facilities learn from each other and train staff to implement shared lessons and best practices.

Offering Hands-on Assistance: In addition, QIOs will offer intensive technical assistance to a number of nursing homes that volunteer to participate in each state. In these facilities, QIOs will help staff identify leadership roles, establish clinical care teams, and learn a process for continuously improving quality of care. Focusing on specific clinical indicators, teams will perform clinical assessments, establish new policies and treatment protocols, provide additional staff training, and assess whether the changes cause sustainable improvement in care.

The American Health Quality Association represents organizations and health care professionals working to improve patient safety and the quality of health care nationwide.

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Quality Improvement Organizations (QIOs)

QIOs work with physicians, hospitals, nursing homes, and other caregivers to organize care delivery systems so that patients get the right care at the right time. There is a QIO office in every state, U.S. territory and the District of Columbia. QIOs maintain a network of licensed physicians in a broad range of specialties and subspecialties and have consumer representation on their governing boards.

A National Network of Quality Improvement Experts

- QIOs work in nearly every hospital to help physicians improve clinical care for Medicare beneficiaries, under contract to the Centers for Medicare and Medicaid Services at the U.S. Department of Health and Human Services in Washington. Every QIO also conducts Medicare beneficiary education to improve patient awareness of available preventive health measures.
- About 2/3 of the QIOs perform independent quality oversight/utilization review for state Medicaid programs. Many QIOs also perform independent external reviews for private health plans.
- QIOs also work with private employers to help them “purchase quality” when negotiating agreements with plans and providers.

Major QIO Efforts (1999-2002)

- **The National Health Care Quality Improvement Projects (HCQIP)** – Every QIO works to improve care for Medicare beneficiaries provided in six clinical areas: heart attack, stroke, congestive heart failure, pneumonia, diabetes, and mammography. Any Medicare participating hospital or ambulatory setting may volunteer to work with a QIO in these clinical areas. QIOs help physicians and nurses improve systems of care by implementing evidence-based best practices.
- **Local/Alternate Settings Projects** – Every QIO establishes quality improvement projects in ambulatory settings (nursing homes, home health care, physicians’ offices) and in the area of reducing health disparities among local disadvantaged populations.
- **Quality Improvement System for Managed Care (QISMC)** –QIOs work with Medicare+Choice plans to implement national quality improvement projects. In 1999, projects focused on diabetes, in 2000 the focus was on pneumonia, and 2001 projects are working on heart failure. The focus in 2002: clinical health care disparities and culturally and linguistically appropriate services (non-clinical).

How QIOs Work

QIOs identify clinical indicators – such as the length of time it takes to administer certain drugs to heart attack patients at admission or the percentage of people with diabetes who get regular eye exams – that reflect the quality of health care services. QIOs evaluate how care is delivered in comparison to best practice standards. When there is a gap between the ideal standard of care and actual care provided, QIOs collaborate with doctors, hospital personnel, and other health professionals to examine their practices and change how they provide care. QIOs provide suggestions based on successful improvement projects in other hospitals

and clinics consistent with the medical literature. They then re-measure indicators to evaluate the quality improvement intervention.

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How QIOs Work With Nursing Homes

Context

Improving the quality of care is important for the welfare of nursing home residents and for the effective use of national resources. In 1997, 1.6 million Americans resided in 17,000 nursing homes at an annual cost of more than \$50 billion. Both the number of nursing home residents and the cost of care are expected to dramatically increase as our population ages.

In preparation for launch of the six-state pilot nursing home quality improvement effort, a QIO task force visited skilled nursing facilities nationally recognized for providing high-quality care and met with experts, providers, and government leaders. The task force concluded that to sustain change in the traditional nursing environment, QIOs needed to target assistance to improving systems of care.

The QIO task force identified key factors for successfully implementing a quality improvement culture. These include:

- Strong and effective leadership that empowers staff to incorporate quality improvement into daily work. Leadership should make quality improvement a priority, be visible on units, and periodically help with care. Administrators should promote and support involvement of direct care staff in the quality improvement process and in development of protocols and clinical tools. Physicians should be involved as part of care teams.
- Clinical tools and protocols to guide staff in improving standards of care. Staff need easy-to-apply, step-by-step methods to implement clinical change. Education of staff on clinical topics needs to be tailored to knowledge levels related to specific clinical areas. Nurse leaders and unit managers need to be familiar with clinical topics, work with staff on an ongoing basis, and be available to answer questions from staff.
- External technical support to help staff implement changes. Technical assistance can jump-start staff understanding of key clinical steps and embrace guidelines for improving standards of care in specific clinical areas.
- A process to oversee and monitor clinical and organizational systems. Staff need to relate system changes to patient outcomes. Teams should initially pilot-test quality improvement projects on single units. Then, facility-wide teams should meet to discuss outcomes.

Challenges

The QIO task force also identified a number of endemic challenges to improving nursing home care, including the need for corporate chain approval prior to changing policies or protocols, difficulty of knowing whether patient outcomes are due to nursing home or prior care, high staff

turnover, lack of continuous quality improvement experience, and lack of physician involvement in routine patient care.

QIOs will partner with state Survey and Certification Agencies (SSCAs), fiscal intermediaries and carriers, trade associations and other professional groups, patient advocacy organizations, and academic faculty to achieve acceptance and credibility with nursing homes, and to maximize the possibility of overcoming challenges to improvement. These partnerships also will help QIOs disseminate material and promote quality improvement models.

QIO Assistance for Quality Improvement

QIOs will help long-term care facilities create a quality improvement culture through training and education. Each QIO will be responsible for providing two levels of support: distribution of materials and training to all nursing homes in the pilot state, and intensive technical assistance to a number of facilities in the state that volunteer to participate. To support improvement in all nursing homes, QIOs will:

- Create statewide and regional partnerships to disseminate educational materials.
- Convene regional and/or statewide workshops and training sessions for nursing home staff.
- Disseminate information related to improving clinical outcomes to nursing homes.
- Serve as an information clearinghouse for nursing homes.
- Target mailings to low performing facilities based on their Quality Improvement rates.
- Share lessons learned about best practices and effective quality improvement models.

Intensive QIO assistance for a number of facilities will include:

- Workshops for nursing home administrators, medical directors, directors of nursing, and department heads that will focus on the role of leadership in promoting quality improvement, successful clinical systems, and staff empowerment for systems improvement.
- Workshops for nursing home clinical care teams that will offer team building activities, clinical education, and training in quality improvement techniques and use of clinical improvement modules.
- Step-by-step implementation of clinical modules that will include developing and revising policies and protocols, attention to staff knowledge and awareness of policy and protocols, and adjustment of evaluation processes for assessing residents. The modules will provide guidance in developing and implementing plans of care, monitoring patient conditions, and analysis of effectiveness of care plans.

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QIO Nursing Home Projects
(1999-2002)

Prevention/Treatment of Pressure Sores

QIOs in Arkansas, New Jersey, Pennsylvania, Puerto Rico, and Texas are testing interventions to improve the prevention and treatment of pressure sores. Examples include:

- **The Arkansas Foundation for Medical Care (AFMC)** launched a pressure ulcer prediction and prevention project in 2001, partnering with the state surveying agency and nursing home trade association to clarify issues affecting quality improvement. AFMC collaborated with the associations that helped develop national pressure ulcer prevention guidelines—the Arkansas Medical Directors Association, the National Pressure Ulcer Advisory Panel, and the Wound, Ostomy, Continence Nursing Society—to create a project toolkit, intervention tools, and quality indicators. Contact Krissa Thompson:501-649-8501.
- **The Peer Review Organization of New Jersey** is conducting a project to improve initial assessments, care plans, and preventive interventions for nursing home residents at high risk for pressure ulcers. Currently, eleven facilities are implementing different interventions to address problem areas. Reductions in the rate of new pressure ulcers were reported by seven of the nine facilities that submitted data from July 2001 to November 2001. Contact Cari Miller at 732-238-5570.
- **The Texas Medical Foundation** is working with more than 30 nursing facilities to increase the use of protocols to assess risk factors associated with pressure ulcers and select treatments for patients at different levels of risk. TMF is collaborating on this project with the Texas Health Care Association, Texas Homes and Services for the Aging, Texas Department of Human Services, and the Texas Medical Directors Association. Visits to participating facilities indicate a decline in facility-acquired ulcers. Contact: Carol McCauley at 512-329-6610.
- **KePRO**, the Pennsylvania QIO, worked with 12 nursing homes to test interventions designed to reduce incidence of pressure ulcers. The project showed improvement in two-thirds of the quality indicators used. Among residents with pressure ulcers, there was a significant increase in care plans that used cushions to reduce pressure for patients while sitting in chairs (57% vs. 90%) and lifting devices to shift patients in chairs (43 vs. 95%); and the percentage of residents who received better mattresses to reduce pressure ulcers increased from 25% to 58%. For more information, Bonnie Zink at 717-564-8288.

Falls Prevention

Nearly half of all residents in nursing homes fall each year, with many sustaining fractures. QIOs in Alabama and Missouri are seeking to reduce falls without increased use of physical restraints.

- **The Alabama Quality Assurance Foundation Falls Prevention Project** began in 2001 with a focus on adoption of the Vanderbilt Fall Prevention Program. The VFPP establishes policies and procedures; creates a multidisciplinary falls team knowledgeable about continuous improvement techniques; tracks and analyze falls within the facility; and disseminates program information throughout the facility. Within six months, the aggregate facility fall rate decreased from 7 to 6 per 1000 resident days—the equivalent of an 100-bed facility decreasing its falls by 3 per month. Extrapolated to cover the state’s 25,000 LTCF residents, falls would be reduced by 9,000 per year. Contact Bill Hawkins: 205-970-1600.
- **The Missouri Patient Care Review Foundation (MPCRF)** estimates that almost 25,000 Medicare beneficiaries in Missouri fall every year, with at least 1,200 sustaining fractures. MPCRF is working with nursing homes to encourage the adoption of care planning that incorporates individual risk assessments and patient exercise programs. Contact Deborah Finley at 573-893-7900.

Pain Management

QIOs and nursing homes are working together in several states to test quality improvement plans to reduce and manage pain, especially during end of life care. Examples include:

- **North Dakota Health Care Review, Inc. (NDHCRI)** is working with nursing homes representing 30% of the state’s skilled nursing facility residents. NDHCRI staff used on-site visits to assess organizational structures, quality improvement experience, pain management activities, and special barriers. NDHCRI staff developed quality indicators designed to evaluate the prevalence of pain, determine how often residents are screened for pain, check if pain management guidelines are followed, and to see if pain is reduced as a result of better management. NDHCRI is disseminating the indicators, data collection instruments and interventions to all of the state’s nursing homes. Contact Barbara Groutt at 701-852-4231.
- **Rhode Island Quality Partners** has conducted a 15-month project to improve pain assessment and management in nursing homes across the state. Participating nursing homes attended educational seminars, developed pain policies and procedures, and worked with RIQP to implement new protocols. More than half of all Rhode Island nursing homes participated in the project. Preliminary results showed that all nursing homes that completed the project had improved pain assessment procedures and put into place procedures employing medication management and the use of non-drug interventions. Contact: Cindi Forcier at 401-528-3200.

Developing Quality Measures for Rehabilitation Services

Successful rehabilitation programs in nursing homes are associated with functional improvement and earlier discharge to less restrictive settings. Four QIOs are working jointly on a pilot project to develop quality improvement measures for rehabilitation services.

- **Colorado Foundation for Medical Care (CFMC), Medical Review of North Carolina (MRNC), Health Services Advisory Group (HSAG)** of Arizona, and **Delmarva Foundation for Medical Care (DFMC)** of Maryland have partnered with fiscal intermediaries, state survey agencies and trade associations to test the validity of data that can be used to measure the quality of rehab services. The project involves refinement of

rehab data and the development of quality improvement interventions. Baseline data collection began in November 2001. The intervention phase of the project will run through July 2002. Contact Kam Valentine (CO) at 303-695-3300; Patricia Dubick (AZ) at 602-264-6382; Nicki Shugart (MD) at 410-822-0697; Peg O'Connell (NC) at 919-851-2955.

Improving Diabetes Outcomes

Nearly one out of five nursing home residents suffers from diabetes. QIOs in Alaska and Indiana are collaborating with skilled nursing facilities to improve care for residents with this disease.

- In Indiana, **Health Care Excel** has implemented a project to monitor and improve the rate of hemoglobin A1c (HbA1c) blood testing, which measures blood glucose and is used to prevent the complication of diabetes. The project regularly convened representatives from nursing facilities across the state to review best practices and develop a conceptual model for quality improvement. Health Care Excel staff conducted diabetes education sessions with administration and staff, providing information on symptoms, risk factors, testing, and complications. Health Care Excel also provided posters explaining the HbA1c test for display in areas accessible to staff, residents, and family members. In November 2001, Health Care Excel abstracted interim data that showed an increase in the rate of the HbA1c test being done in six out of seven active facilities. Interim data also showed that the aggregate HbA1c rate improved from 57% at baseline in May 2001 to 87% in February 2002. Contact Karin Kennedy: 812-234-1499.

Immunization Projects

Each year, 20,000 elderly die from flu and pneumonia that can be prevented by vaccination. QIOs in Alaska, Arizona, the District of Columbia, Florida, Hawaii, Idaho, Kansas, Kentucky, Massachusetts, Minnesota, Mississippi, Montana, New Mexico, Oregon, Washington, and Wyoming have teamed with skilled nursing facilities in a range of innovative projects designed to increase vaccinations.

- In Arizona, a project by **Health Services Advisory Group** has demonstrated that a collaborative community approach can make a difference in the pneumococcal polyvalent vaccine (PPV) rates in nursing homes. HSAG designed the project in partnership with the state Medicaid agency, with 127 nursing facilities participating. Results show 71.6% of all beneficiaries residing in nursing facilities were immunized for pneumococcal pneumonia, compared to 52.5% at baseline. Contact Patricia Dubick at 602-263-6382.
- In Massachusetts, **MassPRO** began in 2000 to promote the implementation of procedures for routine screening and immunization of all new nursing home patients; to promote annual screening and vaccination of staff and patients; and to promote institution-wide baseline reviews of immunization records for needed vaccinations. The project is conducting informational campaigns, distribution of immunization kits, educational workshops, and technical assistance designed to reach all of the state's 500 nursing homes. By November 2001, nearly one-quarter of participating facilities reported making system changes to implement standing orders for immunizations. Contact Sue Kelman: 781-890-0011.
- In Alaska, **PRO-West** conducted a project to increase pneumococcal vaccinations in 26 long-term care facilities. Vaccination rates improved from 53% to 74% at the end of the project period. In Washington, **PRO-West** is collaborating with the Department of Health

to increase immunization of residents in more than 300 long-term care facilities. The 2-1/2 year project began with an assessment of facility vaccination practices and a baseline measurement of residents' vaccination status that showed only 36% of facilities had standing orders for administering the vaccine. The baseline measurement of residents' vaccination status was 47%. The project team disseminated immunization promotion tools and is now conducting follow-up and data abstraction. Contact Evan Stults: 206-364-9700.

- The **Kansas Foundation for Medical Care** conducted an intervention to improve vaccination rates for flu and pneumonia in 20 nursing facilities during the flu season of 1999. Interventions consisted of sample standing orders, clinical pathways, and immunization policies and procedures. Results showed improvement in the aggregate vaccination rates for pneumococcal pneumonia (57% baseline-65% re-measurement.) The project identified a number of barriers to greater improvement, including constant facility staff turnover and lack of time to collect data. Contact: Lisa Williams, 785-273-2552.
- **New Mexico Medical Review Association** is collaborating with the Centers for Disease Control on a two-year project to evaluate best practices for promoting Standing Orders Protocol for vaccinations in nursing homes. Almost three-quarters of the skilled nursing facilities in New Mexico are involved in the project which includes interventions directed at increasing staff immunization rates— developed in response to indications that nursing home residents are more likely to accept immunizations if providers were immunized. Interventions involved staff training and the distribution of informational material. Data is currently being collected. Contact: Joanne Branyon-Ward, 505-998-9746.

Improving Anticoagulant Use

QIOs in Iowa, Nebraska, and Illinois are working to improve the use of anticoagulants with patients who are admitted to hospital-based skilled nursing facilities with atrial fibrillation or following fractured hip repair or replacement. One example:

- **The Iowa Foundation for Medical Care** is providing technical assistance to 10 nursing facilities by developing system-oriented changes that facilities can build into their internal processes. These include posters featuring quality indicators, beneficiary education cards, medical record stickers, physician pocket cards for quick reference, and clinical pathways in electronic format. In addition, IFMC has facilitated the sharing of existing interventions among participating SNF facilities. Following data collection and abstraction, feedback reports are provided to the quality improvement staff at each facility. Contact Laurie Poole at 515-223-2900.

Improving Screening and Management of Depression

Approximately 30-50% of nursing home residents are depressed. Because many suffering from depression go unrecognized and untreated, the **Michigan QIO (MPRO)** is conducting a special study to improve screening and management. MPRO is collaborating with 14 skilled nursing facilities to implement process changes that provide improved care to residents with depression. MPRO convened trade organizations and conducted focus groups to develop intervention strategies that focus on conducting provider, staff, and family educational sessions, distribution of a depression toolkit, and technical assistance for project implementation. Baseline data was abstracted in February of 2002 and re-measurement will occur in September 2002.