



The Campaign - Year Two

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AE – Alive and Well and Making Progress

Advancing Excellence (AE) is a vibrant campaign involving 7200 nursing homes, the consumers and a growing list with national Steering Committee (SC) member. Activity at nursing home level is yielding positive results, (see Q3 data below) and the AE Web site and LANEs provide a rich resource and support that continues to show results. This unique national coalition on quality improvement is finding out how to move quality indicators with consistent clinical care processes involving all team members and the residents and families. It's no less than shifting the biggest paradigm one can imagine – how to provide quality care to nursing home residents.

AE Evolving

This is the first in a series of articles that will explain how the AE campaign is planning to overhaul its original eight goals and improve its ability to communicate with participants. With a target roll out date of September 1, 2009, the goals are still being refined by the Steering Committee and the Goals Task Force so it continues to be a work in progress; final language and targets may still change. The overall structure, however, is far enough along to give everyone a glimpse of what lies ahead.

You may ask “Why change?” While many of the goal areas remain basically the same, the fact is AE is all about challenging the status quo. To the campaign, that means change is inevitable, and necessary to keep up with the continual drive to improve nursing home practices, upgrade work environments, improve quality and, as an overarching goal, to strengthen a person-centric milieu and a better life for residents. That is what motivates the campaign, its national coalition partners, its 50 state-based Local Area Networks for Excellence (LANE) organizations and the over 7,300 participating nursing homes who are making all this possible.

So, in September 2009 there will still be eight goals and participants will still need to select at least three goals to work on. If you want to know the eight goal areas, see below:

AE 8 Goal Areas Effective September 1, 2009

GOAL 1 – PRESSURE ULCERS

UPDATED

The national average for high risk pressure ulcers remains at 10%. AE will ask participants choosing this goal to further reduce the prevalence of pressure ulcers by an as of yet undefined amount.

GOAL 2 – PHYSICAL RESTRAINTS

UPDATED

A highlight of this goal will be a new, lower national average objective of less than 3% of residents in 70% of nursing homes. Nursing homes will be asked to set individual targets to reduce physical restraints use.

GOAL 3 – PAIN MANAGEMENT

UPDATED

This goal will consist of long- (90+ days) and short-stay residents experiencing moderate to severe pain. The national objective will remain the same. Nursing homes will be asked to further reduce current rates of moderate to severe pain by an as of yet undetermined amount.

GOAL 4 -- ADVANCE CARE PLANNING

NEW

This goal will ensure residents will have the opportunity to discuss with their primary care provider advance care planning, which will include cardiopulmonary resuscitation, use of feeding tubes, intubation and ventilation, and other potentially lifesaving or life prolonging interventions. Decisions must be documented. AE has not yet decided on a target objective for this goal.

GOAL 5 -- RESIDENT/FAMILY SATISFACTION

REVISED

Participants in this goal will have to assess resident/family satisfaction and incorporate results into quality improvement efforts. AE has not yet decided on a target objective for this goal but it will probably be twofold: A) Increasing the number of persons surveyed and B) Raising satisfaction scores by a yet undetermined amount.

GOAL 6 -- STAFF SATISFACTION

NEW

Participants in this goal will have to assess staff satisfaction at least annually and upon separation; plus incorporate results into quality improvement efforts. AE has not yet decided on a target objective for this goal but it will probably be twofold: A) Increasing the number of staff surveyed and B) Raising satisfaction scores by a yet undetermined amount.

GOAL 7 -- STAFF TURNOVER

REVISED

AE will ask nursing homes to reduce current levels of staff turnover for each of the following categories of employees: RN, LPN, CNA, DON, and NHA. Turnover will be measured separately for each of those categories. Participants will have to regularly measure and report staff turnover and develop plans to reduce the rate of turnover for each of the staff categories.

GOAL 8 -- CONSISTENT ASSIGNMENT

REVISED

AE will increase its efforts to encourage and help nursing homes to adopt “consistent assignment” of front line staff - that is 85% of long stay residents in a nursing home have a maximum of seven (7) CNA caregivers each month AND 85% of short stay residents have a maximum of seven (7) CNA caregivers over two (2) weeks. Participants will be asked to set targets to increase the number of residents being served by a consistent assignment model by a yet undetermined amount.

5-Star Opportunity

Now that the CMS “5 Star Quality Rating System” has been in the public domain for over three months, we’re sure everyone has heard at least something about it. Across the diverse AE coalition there are varying opinions about its effectiveness but there is agreement on one point.

5-Star presents an excellent opportunity to talk up AE. If you are part of the AE coalition or a participating nursing home, staff member or consumer, we hope that as you familiarize yourself with the CMS rating system, or take part in discussions about it, that you mention the [successes of the AE campaign](#). Be sure people in your sphere of influence understand AE’s core messages. AE is:

1. Helping nursing homes make a difference in the lives of residents and staff.
2. Providing free, practical and evidence-based resources to support quality improvement efforts in America’s nursing homes.
3. Providing support to those on the frontlines of nursing home care.
4. Promoting open communication and transparency among families, residents, and nursing home staff.

This is also an excellent opportunity to encourage non-participating nursing homes to join by signing up at www.nhqualitycampaign.org.

If 5-Star is new to you or, at best, sketchy, following is a very brief description of it. 5-Star is an overall rating for every nursing home in America. A nursing home’s rating will incorporate three categories – or domains -- of information: survey results for the past three years, averages of the three most recent quarters of quality measure data, and an averaged, case-mix adjusted staffing level rating. Five stars (good) are the maximum and 1 star is the minimum number of stars a nursing home can receive in each category. New nursing homes with insufficient data may receive a rating of “N/A.” Since the 5-Star rating system uses state-based survey results, comparisons across states may not be wholly accurate. To find out the full skinny about this new rating plan, visit CMS’s Web site at [Nursing Home Compare](#) where it is posted.

Advancing Excellence Update

AE Interchange Sessions Available via Web

The 2008 Interchange held in Dallas, TX, December 2-3, 2008, was another successful event for the campaign. The sessions were focused on skill building for LANES and conveners.

Because the sessions were so well received, the AE steering committee wanted to bring them to the thousands of AE campaign members who couldn’t attend and to potential campaign participants. Twelve sessions were digitally synched and loaded onto the AE Web site. They are available 24 hours 7 days a week free-of-charge. Sessions were selected by attendees rating and for their usefulness as in-service at the nursing home.

To determine level of content of the sessions and potential use of the videos for in-service education programs by nursing homes, we asked six certified nursing homes assistants to evaluate the session for comprehension and usefulness of the material at their level. In almost all cases, the CNAs agreed that the information would be valuable for “at-the-bedside

care” delivered by frontline staff. To see direct links to these sessions access this link: http://www.nhqualitycampaign.org/star_index.aspx?controls=interchangeVideos200812

Avoidable Hospitalizations and Transition of Care

Identification of an acute change of condition enables staff to properly manage a resident and avoids transfer to a hospital or emergency room. This session discusses how to recognize the change and identify its nature, severity, and cause.

Consistent Assignment: Where Do You Start and How Do You Do It!

Increasing staff retention and establishing consistent assignment of staff and proxies for quality in nursing homes. This session gives guidance on how to implement consistent assignment in your nursing home.

Consumers: Involvement Equals Quality

Consumer participation is critical to the success of the Campaign and to achieving quality nursing home care. However, involving residents, families and other consumers has been challenging. This session focused on ways to actively engage consumers in the Campaign and introduce a Campaign Consumer Guide to help increase consumer participation.

Keys to Person-Centered Care: Residents with Dementia

This session identifies and discusses the unique challenges of serving this special population and their specific needs, while achieving and sustaining person-centered outcomes and goals.

Leadership: Building Skills for Nursing Home Paraprofessional Leaders

This session discusses the core competencies for needed effective leadership skills both at the nursing home level and at the bedside. Leadership is not just managing people; it's understanding the organization's mission; knowing how to implement change, build consensus and get buy-in from all staff; negotiate, delegate and monitor; provide effective feedback and evaluation; and celebrate and build on success.

Pressure Ulcers: Best Practices

This session discussed strategies to use evidence-based best practices for pressure ulcer prevention and healing into everyday workflow. The learning objectives are to lead nursing home managers and staff on how to implement technology to streamline documentation, improve clinical workflow, integrate technology into daily operation, and use report information in team discussions and resident care planning activities, describe standardized pressure ulcer assessment documentation, reports to support clinical decision making related to pressure ulcer treatment and heal days, data elements and clinical reports to HIT requirements, and analyzed data to determine treatments that are associated with better healing outcomes, and describe impact on pressure ulcer measures and lessons learned from the On-Time QI approach to integrated QI and HIT.

Quality Improvement: Maintaining and Sustaining Success

A major component of Quality Improvement (QI) that often provides challenges for managers is sustainability of improvements once improvements have been made. It is easy to reduce a quality measure by three or four points, but keeping it there requires a different level of skill and expertise. This session focuses on the sustainability element of QI.

Resident-Centered Care: A Holistic Approach

A holistic approach to care recognizes the importance of going beyond basic physical care needs to address issues pertaining to emotional, spiritual, and social well-being. This session

reviewed the application of holistic principles in the nursing home and the relationship of holistic care to culture change. In addition to examining holistic practice as it applies to resident-centered care, the session presented suggestions on using holistic principles in the leadership of staff.

The Roles of CNA's in Advancing Excellence - Learning from Their Stories

CNA's are our most valuable resource when it comes to providing direct care for our nursing home residents. Through storytelling, this session demonstrates the world of nursing assistants and from their perspective what they do every day.

Where Does it Hurt? Assessing and Managing Pain in Nursing Homes

Pain affects function and well being. Adequate management of pain is an important quality indicator. This session reviews the challenges to assessing and managing pain in nursing home residents.

Featured Resources

AHRQ Nursing Home Survey Tools

Two nearly released survey tools are available for use by nursing homes. One is a CAHPS survey to measure satisfaction of family members of residents. The second survey, the Survey on Patient Safety Culture, is a nursing home staff survey instrument required to be administered during CMS' 9th Scope of Work. To access either survey tool, log on to <http://www.ahrq.gov/>.

Events

Register Now for New Webinar:

Training Staff for Greater Impact: From Ho-Hum to Dynamic

Many of us are used to teaching nurses and administrators, but not accustomed to transferring knowledge to CNAs or those who are delivering care at the bedside. On May 12th 2009 at 3:00 pm (ET), AE will sponsor a webinar that will focus on strategies and techniques for effective teaching and learning in this group. View the [flyer](#) for more information or [register online](#). Handouts will be posted by May 9th. Thousands of campaign members have participated in previous webinars and found them useful and informative. Don't miss this chance to hear from the experts, your peers, and be able to ask questions.

Nursing Home Success Stories

A Nurse Pioneer

Q. What do members of the AE Campaign Steering Committee do when not working on Campaign matters?

A. Their "day jobs," which are typically 24/7 and encompass complex organizations.

Why are we asking? We are asking because one of "our own" made the limelight in a recent issue of McKnight's Long-Term Care News. That edition (April 2009, Vol. 3, No.4) included a full page profile of Charlotte Eliopoulos, Founder and Executive Director of the American

Association for Long-Term Care Nursing (AALTACN). Ms. Eliopoulos, a charter member of the AE Steering Committee, is currently Chair of the Campaign's Technical Assistance Workgroup (TAW). Never one to shirk a difficult job, the TAW Workgroup handles some of the most critical and compelling issues of AE. The article, used with permission, is located on the Web at <http://www.mcknights.com/Profile-Charlotte-Eliopoulos-Executive-Director-American-Association-for-Long-Term-Care-Nursing/article/130631/>. (If this Web address is not hyper-linked then copy it to your Web browser's address box.)

LANE Happenings

AE Campaign Benefits from CMP Funding

Civil Money Penalty (CMP) funds from the Department of Health and Human Services have made it possible for LANES in many states to offer innovative educational programs to nursing homes focused on improving quality of care for their residents.

The Michigan LANE secured funding to sponsor a conference about "Consistent Assignment", one of AE's four organizational goals. The daylong conference hosted 200 staff members from nursing homes across the state.

LANE members in Indiana also used CMP funds to provide a series of leadership training programs that would bring nursing home providers and state surveyors to the same table. More than 1,000 representatives from the two groups gather twice a year for daylong educational programs on topics of mutual interest such as pressure ulcer reduction

For more information about CMP funds, visit <http://www.cmwf.org/Search.aspx?search=civil+money+penalties>.

We Welcome Your Ideas

If you have ideas for future articles for this e-newsletter or want to showcase your nursing home's successes, please send an email to tburke@acha.org.