The Quality Initiative for Assisted Living

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Changing Payment Models
Shift from Fee-for-Service

<table>
<thead>
<tr>
<th>Fee-for-Service</th>
<th>The Future</th>
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<tbody>
<tr>
<td>• Rewards volume of tests/procedures</td>
<td>• Rewards quality and outcomes of care</td>
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<tr>
<td>• Focus on treating acute episodes</td>
<td>• Focus on wellness, prevention</td>
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<td>• Providers operate within silos</td>
<td>• Providers operate collaboratively</td>
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Medicaid Managed Care (MCOs)

Figure 3:
Medicaid Managed Care Models in the States, 2015

Source: Kaiser Family Foundation, October 2015
Accountable Care Organizations (ACOs)

Where the ACOs Are
19 Pioneer and 405 Shared Savings Program ACOs\(^1\) as of January 2015

Source: The Advisory Board Company

ACO Implications for Senior Living

- ACOs not focusing on senior living yet, but it’s likely that their attention will start to rapidly shift
- Many experts question the long-term viability of the ACO model
  - Can savings be achieved year-over-year?
  - Senior living may offer ACOs the long-term cost control they are seeking
- As the most advanced ACOs begin to develop structured partnerships with senior living, providers will need to understand where the risks and opportunities are
Key Takeaways

- Senior living providers must be able to demonstrate value
  - Cost reduction/containment
  - Be able to show improved quality and outcomes
- Ability to communicate and collaborate effectively with other providers and/or managed care plans
  - Sharing patient data in real time

Your Next Steps

- Identify which providers in your market(s) are participating in innovation models
- Start a dialogue with potential partners
- Evaluate your current business model
  - Are there any new opportunities to align with new care delivery and payment models?
- Begin to track key metrics
- Be able to tell your story to potential partners
A Member Checklist for Success

- Being or continue your journey with the AHCA/NCAL National Quality Awards
- Utilize LTC Trend Tracker and/or the PSO to collect data
- Learn about and utilize Quality Assurance and Quality/Performance Improvement (QAPI)
- Get involved in the Quality Initiative
NCAL Quality Initiative Goals (by March 2018)

- Keep nursing and direct care staff turnover below 40%
- At least 90% of customer (residents and/or families) are satisfied with their experience
- Safely reduce hospital readmissions within 30 days of hospital discharges by 15%
  Or reach (and maintain) a low rate of ≤5% rate
- Safely reduce the off-label use of antipsychotics by 15%
  Or reach (and maintain) a low rate of ≤5% rate

Goal: Staff Stability

**Target:** Keep nursing and direct care staff turnover below 40%.

“Always treat your employees exactly as you want them to treat your best customers.” – Stephen R. Covey
Staff Stability: The Business Case

- They know residents.
- Good caregivers recruit good caregivers.
- A positive reputation in the larger community
- Training new staff and turnover costs are high

Staff Stability: Resources

- LTC Trend Tracker – Turnover and Retention Upload
- Staff Turnover Calculator
- Introducing Peer Mentoring in Long-Term Care Settings
- AHCA/NCAL Toolkit: 4 Key Strategies to Retain New Hires and Reduce Employee Turnover
- Cost of Turnover Calculator
- Staff Stability toolkit (available in the AHCA/NCAL Bookstore)
- Webinar: Using RN Continuing Education as a Weapon Against Rising Costs and Threats to Quality
- NCAL Guiding Principles of Leadership
It Starts With Leadership

- Leadership vs. management
- NCAL’s Guiding Principles of Leadership
  - Communication
  - Trust and respect
  - Mentoring
  - Competence, expertise, and collaboration
  - Compassion and commitment to the workforce
  - Accountability

Getting Started

- See how much turnover is costing with NCAL’s calculator
- Start tracking your staff turnover with LTC Trend Tracker
- Conduct annual staff satisfaction surveys
- Empower employees to participate in QI projects
- Implement consistent assignment
Goal: Customer Satisfaction

Target: At least 90% of customer (residents and/or families) are satisfied with their experience

“A customer is the most important visitor on our premises. He is not dependent on us. We are dependent on him. He is not an interruption in our work. He is the purpose of it. He is not an outsider in our business. He is part of it. We are not doing him a favor by serving him. He is doing us a favor by giving us an opportunity to do so.”

Customer Satisfaction: The Business Case

- Increases census and additional revenue from positive customer referrals
- Supports participation in preferred provider plans
  - ACOs, medical homes and other organizations that provide health care services in the care continuum
- Differentiates assisted living communities from other providers
- Achieving customer satisfaction is the root of person-centered care.
Customer Satisfaction: Measurement

AHCA/NCAL CoreQ for assisted living:
1. In recommending this facility to your friends and family, how would you rate it overall?
2. Overall, how would you rate the staff?
3. How would you rate the care you receive?
4. Overall, how would you rate the food?
   - Likert scale: Poor, average, Good, Very Good, Excellent

Sample CoreQ Graph
Sample CoreQ report

### CoreQ, Short-Stay Survey Results, 12 Month Rolling Window

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<tr>
<td>Number of Centers</td>
<td>14,353</td>
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<tr>
<td>Response Rate</td>
<td>62.5%</td>
<td>43.2%</td>
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<tr>
<td>Satisfaction Rating</td>
<td>32.5%</td>
<td>80.2%</td>
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Vendors Adding CoreQ

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<th>Contact</th>
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<tr>
<td>Align</td>
<td>Neil Gulsvig, <a href="mailto:ngulsvig@align30.com">ngulsvig@align30.com</a></td>
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<td>Brighton Consulting Group</td>
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<td>inQ Experience Surveys</td>
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<td>National Research Corporation/MyInnerview</td>
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<td>Pinnacle</td>
<td>Brady Carlsen, <a href="mailto:brady.carlsen@pinnacleqi.com">brady.carlsen@pinnacleqi.com</a></td>
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<tr>
<td>Providigm/abaqis</td>
<td>Peter Kramer, <a href="mailto:pkramer@providigm.com">pkramer@providigm.com</a></td>
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<td>Sensight Surveys</td>
<td>Lyn Ackerman, Ph.D., (<a href="mailto:lynn@sensightsurveys.com">lynn@sensightsurveys.com</a>)</td>
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<tr>
<td>ServiceTrac</td>
<td>Michael Johnson, <a href="mailto:Michael.Johnson@practicemax.com">Michael.Johnson@practicemax.com</a></td>
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<tr>
<td>The Jackson Group, Inc.</td>
<td>Janette Jones, <a href="mailto:jjones@thejacksongroup.com">jjones@thejacksongroup.com</a></td>
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Nicholas Castle, Ph.D., University of Pittsburgh is willing to administer only the CoreQ if you don’t have a vendor for a fee. Contact him at CastleN@Pitt.edu
Lessons From Other Industries

- We see our customers as invited guests to a party and we are the hosts. It’s our job every day to make every important aspect of the customer experience a little bit better.

- Deliver WOW Through Service

- We’re in the customer service business – we just happen to fly airplanes

Customer Satisfaction: Resources

- PC-PAL
- Webinar: 7 Tips to Improving Resident Satisfaction
- Better Serving LGBT Populations in AL
- The Power of Ethical Marketing
- Turning Complaints into Compliments
  - Checklist for Responding to Complaints
- Making Resident and Family Councils Successful in AL
Customer Service: Getting Started

- Work with your survey vendor to ensure they include CoreQ
- Share your results and utilize feedback
- Develop a process for addressing and responding to complaints
- Utilize feedback to prioritize quality improvement projects

Goal: Hospital Readmissions

**Target:** Safely reduce hospital readmissions within 30 days of hospital discharges by 15% OR

Individual communities reach & maintain a readmission rate of 5% of or less

“*We should work on our process, not the outcome of our processes*

– *W. Edward Deming*”
Hospital Readmissions: The Business Case

- Decreases hospital-acquired infections
- Decreases the exacerbation of symptoms for people with dementia
- Means less stress for nurses
- Better outcomes make your community more attractive as a preferred provider in integrated care models (e.g., ACOs)

Getting Started

- Start tracking hospital admissions/readmissions (coming fall 2016 to LTC Trend Tracker!)  
- Utilize INTERACT for AL  
- Monitor data for trends in shifts with high readmissions  
- Implement consistent assignment  
- Engage providers throughout the spectrum
INTERACT for AL

- INTERACT for Assisted Living
- Assisted Living Capabilities – lists what your community can do, great to use with hospitals and other providers
- Hospital Transfer Form – vital information
- AL to Hospital Transfer Data list – key important elements
- Hospital to AL transfer form

INTERACT Advance Care Planning

- Advance Care Planning Communication Guide
- Identifying residents appropriate for hospice
- Comfort care interventions
- Deciding about going to the hospital
- Education on CPR for Residents and Families
- Education on Tube Feeding for Residents and Families
Working with Hospitals

- Create a list of hospitals your community sends and receives residents from
- Identify “readmission champion” for each hospital and have points of contact
- Host community care transitions coalition for community
- State goals of community to reduce avoidable hospital transfers, admissions, and readmissions

Have a Protocol for Talking About about Decline and Death

- Don’t assume the resident’s physician has effectively communicated with the resident or the family
- Be caring and supportive, but factual
- Set realistic expectations for the future
- Identify what the resident/family’s outcome expectations are given the circumstances. Is everyone in agreement?
- Document those conversations
- Develop the care plan moving forward.
Hospital Readmissions: Resources

- INTERACT for Assisted Living
- CHATs – Communicating Health Assessments by Telephone
- Webinar: Culture Change to Reduce Hospitalization Using Person-Centered Care
- Webinar: Higher Acuity: Risk or Reward?
- Transitions of Care in the LTC Continuum

Goal: Antipsychotics

Target: Safely reduce the off-label use of antipsychotic medications by 15% Or
Individual communities reach & maintain an off-label usage rate of 5% of or less

“I did then what I knew how to do. Now that I know better, I do better.” - Dr. Maya Angelou
Antipsychotics: The Business Case

- Decreases the side effects and adverse drug reactions associated with these medications
- Non-pharmacologic interventions help to enhance an individual’s ability to direct their care
  - improves their independence, dignity, and quality of life
- Adverse Drug Events (ADEs) may require hospitalization
  - lost revenue for days the resident is not in the community
- Competitive advantage - a reputation for using innovative, person-centered care approaches

FDA-Approved Diagnoses

- Schizophrenia
- Bi-polar Disorder
- Irritability associated with Autistic Disorder (Aripiprazole & Risperidone)
- Treatment Resistant Depression (Olanzapine)
- Major Depressive Disorder (Quetiapine)
- Tourettes (Orap)
- When prescribed to a patient without an FDA-approved diagnosis, considered off-label use, which is allowed by FDA and Medical Boards
Common Off-Label Uses

- Dementia with behavior difficulties
  - Agitation
  - Aggression
  - Wandering
- Acute Delirium
- Depression
- Obsessive-compulsive disorder
- Psychotic symptoms (e.g. hallucinations, delusions) with neurological diseases
  - Parkinson's disease
  - Stroke

Effectiveness in Dementia

- Antipsychotic effect takes 3-7 days
  - Acute response most likely due to sedating properties, not antipsychotic effect
- In RCTs, recipients do a little bit better than placebo, but the effect beyond 3 months is unclear. And:
  - Not everyone who receives the meds improves
  - A large number of people getting the placebo improve
  - 10-20 people out of 100 who receive the medication improve due to the medication
Associated with Adverse Outcomes

- Off-label use of antipsychotics in nursing facility residents is associated with an increase in:
  - Death (heart failure or pneumonia)
    - 1.6x greater than placebo
  - Hospitalization
    - 40% increase
  - Falls & fractures
  - Venothrombotic events
- Conventional antipsychotics are worse than atypical

Antipsychotics: Achieving the Goal

- Focus on non-pharmacologic approaches
  - preventing frustrations that can lead to challenging behavior
  - addressing resident’s behavioral expressions when they do occur
- Use a positive physical approach
  - Use therapeutic strategies for catastrophic events
- Engage residents in meaningful activity
- Make environmental changes: reducing noise, improving lighting, and allowing flexible scheduling
Antipsychotics: Resources

- Antipsychotic Consumer Fact Sheet
- Webinar Series: Safely Reducing the Off-Label Use of Antipsychotics
- Cares® Online Training & essentiALZ® Certification
- Dementia Care: The Quality Chasm

- CEAL Clearinghouse www.theceal.org
- Alzheimer’s Association
- IA-ADAPT
- SBAR for Antipsychotics
- NCAL Guiding Principles for Dementia Care

NCAL Quality Initiative Resources
Visit NCAL.ORG

Access information for each goal

The Quality Initiative for Assisted Living

The Quality Initiative is a national effort that builds upon the existing work of the long term and post-acute care professions by setting specific, measurable targets to further improve quality of care in America’s skilled nursing centers and assisted living communities. NCAL members are encouraged to reach defined, concrete goals by 2016, in four core areas.

- **Staff Stability**
  - **Target:** Keep nursing and direct care staff (0% turnover) 40% through March 2016.
  - **LEARN MORE**

- **Hospital Readmissions**
  - **Target:** Safely reduce hospital readmissions within 30 days of hospital discharge by 15% or achieve (and maintain) a low readmission rate of 5% or less by March 2016.
  - **LEARN MORE**

- **Customer Satisfaction**
  - **Target:** At least 90% of customers (residents and family members) are satisfied with their experience by March 2016.
  - **LEARN MORE**

- **Antipsychotics**
  - **Target:** Safely reduce the off-label use of antipsychotic medications by 10%, or achieve (and maintain) a low off-label usage rate of 5% or less by March 2016.
  - **LEARN MORE**

Why Take the Initiative?
Access information for a goal

Resources for each goal
Tracking Your Progress

“In God we trust, all others bring data.” – Elements of Statistical Learning

KEEP CALM AND LOVE DATA

AHCA. NCAL. IMPROVING LIVES by DELIVERING SOLUTIONS for QUALITY CARE
Collect Data

- Measure, track and benchmark your performance using LTC Trend Tracker or the PSO
  - Upload your staff turnover data
  - Ask your satisfaction survey vendor to incorporate CoreQ into their system

LTC Trend Tracker & AL

- Current measures available for AL on LTC Trend Tracker:
  - CoreQ
  - Staff turnover & retention

- Additional 4 measures for AL to be launched this fall:
  - Hospital admissions
  - Hospital readmissions
  - Off-label use of antipsychotics
  - Occupancy rate
View Report: Graphs

Implementing the Initiative
Quality Award Program

- Provides a pathway for providers of long term and post-acute care services to journey towards performance excellence
- Based on the core values and criteria of the Baldrige Performance Excellence Program
- Member communities may apply for three progressive levels of awards:
  - Bronze - Commitment to Quality
  - Silver - Achievement in Quality
  - Gold - Excellence in Quality

http://QA.ahcancal.org

QAPI – it’s for Assisted Living

- Learn and apply the skills of QAPI – particularly root cause analysis, action planning and team-based performance improvement. For more information & resources, visit http://www.ahcancal.org/quality_improvement/QAPI
System Changes

- Every system is designed to achieve the results it gets
- To improve results focus on systems not individuals

“...the definition of insanity is doing the same thing over and over again and expecting different results.”  
Albert Einstein

Person versus Systems Approach

**Person Approach**
- Focus is on person
- Naming, blaming, shaming
- Improvement approach: Poster campaigns, writing procedures, disciplinary measures, litigation, Retraining

**Systems Approach**
- Focus is on the environment/conditions staff work in
- Making a fault tolerance in the system
- Improvement approach: improving the system (teams, environment, conditions, tasks)

What Happens in a Punitive Environment?

- Errors are still made
- Errors are not reported
- Can’t learn from errors
- Repeat of errors
- Turnover

Culture Change

- Past (and possibly current) – blame the individual (punitive)
- Not focused on how we can learn from errors
- Create an environment where employees feel engaged and empowered to report errors, near misses, and unsafe situations
- Everyone is part of the team and everyone’s voice is important
It Takes a Village...

- Teamwork training is vital and so is communication
- Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS) is an evidence-based system aimed at optimizing outcomes by improving communications.
- TeamSTEPPS for Long-Term Care:

You have your data now what?
How to Use Data

- As part of Root Cause Analysis (RCA)
- Quality Assurance & Quality/Performance Improvement (QAPI)
  - PDSA – Plan, Do, Study, Act
- Referral programs/working with other providers
- Marketing
- Resident/Family/Staff Satisfaction

Share your outcomes

- Share outcomes with staff, residents and families
- Show progress in the break room
- Talk about outcomes at meetings, resident and family council
- Share with other providers
Your Next Steps

- Make quality improvement part of your culture
  - Think about systems
- Identify key metrics and start collecting data
  - Utilize what AHCA/NCAL has developed for you
- Find your quality champions in each department and utilize them and finally.....
It doesn’t have to be complicated...

Assisted Living at Convention

**NCAL Day – 10th Anniversary**
- Keynotes
  - Dr. Manny Alvarez, senior managing health editor for Fox News
  - Jim Carroll, futurist, trends and innovation expert on “Future Trends in the Healthcare Workforce”
- Sessions
  - Regulatory and Policy Trends
  - Benchmarking for Quality Improvement
  - Future of Technology in AL
  - Affordability in AL

**AL Track**
- Leadership Development
- Chronic Disease Management
- Increased Liability for Assisted Living and Senior Living Facilities
- Meeting the Mental Health Challenge
- Alzheimer’s Communication
- HCBS Final Rule Update

[www.ncalconvention.com](http://www.ncalconvention.com)
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