All Cause Harm Prevention In Nursing Home Change Package

January 2019

What is a Change Package?

- Created by the Centers for Medicare & Medicaid Services (CMS) and the Medicare Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs)
- A collection of best practices, ideas and strategies shared from high performing nursing homes across the country
- Developed from a series of nursing home visits across the country to see how leaders and direct care staff approached quality
- Overall Goal: instill quality and performance improvement practices and eliminate Healthcare-Acquired Conditions (HACs)
- Menu of strategies, change concepts, and specific actionable items

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Advantages

What can a Change Package do for you?

- Improve residents' quality of life and care
- Stimulate creative and critical thinking
- Provide strategies, change concepts and actionable items that lead to improvement
- Promote **lasting change**

The Foundational Change Package

Introduced concept implementing change with 7 core strategies, change concepts & actionable items

- Lead with a sense of purpose
- Recruit and retain quality staff
- Connect with residents in celebration of their lives
- Nourish teamwork and communication
- Be a continuous learning organization
- Provide exceptional compassionate care that treats the whole person
- Construct solid business practices that support your purposes

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Foundational Change Package Content

Provided Change *Bundles*

- Avoidance of Unnecessary Antipsychotics in Dementia Care
- Improving Mobility
- Reducing Health Care-Acquired Infections/*C. difficile*
- QAPI Success

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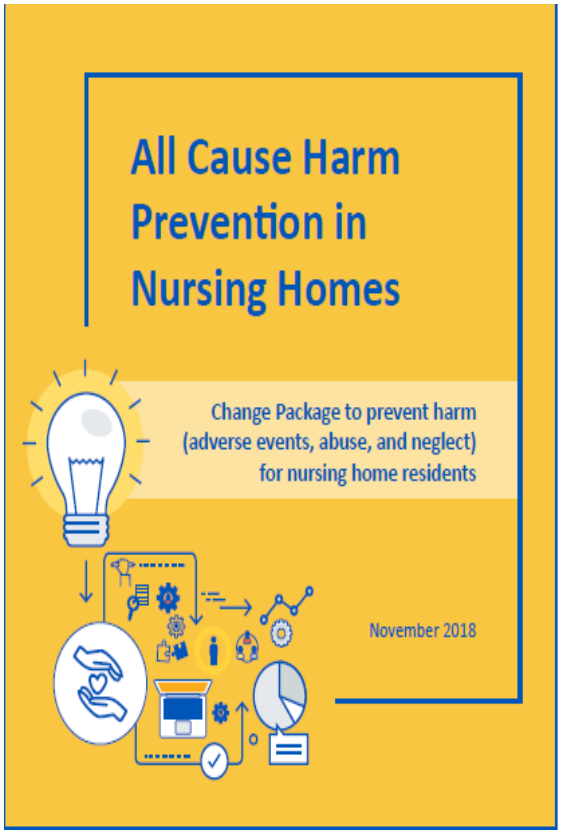
All Cause Harm Prevention in Nursing Homes Change Package

Introducing!

Goal: Prevent harm
(adverse events, abuse & neglect)
for nursing home residents

✓ Covers a wide range of strategies and actions to promote resident safety



http://www.hqi.solutions/wp-content/uploads/2018/11/All-Cause-Harm-C2_Change_Package_20181107_FNL_508.pdf

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All Cause Harm Prevention in Nursing Homes Change Package

Specific harms and adverse events related to:

Medication

Resident Care

Infection

Abuse and Neglect

Each section covers:

Pre-admission practices

Admission practices

Ongoing care practices and monitoring

Foundational/ongoing education topics to consider

Resources

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Sample Content

Foundational and Ongoing Education Topics to Consider

- ☐ Educate staff on infection prevention policies and test for competency, including, but not limited to:
  - o Standard precautions (i.e., hand hygiene, proper selection and use of personal protective equipment, safe injection practices, respiratory hygiene/cough etiquette, environmental cleaning and disinfection, and reprocessing of reusable medical equipment)
  - o Transmission-based precautions.
  - o Antibiotic stewardship.
    - Educate clinicians about resistance and optimal prescribing.
  - o Causes, risks, assessment, treatment, and prevention of:
    - Pneumonia/upper respiratory infections.
    - Aspiration.
    - Non-catheter and catheter-associated urinary tract infections.
    - Surgical site assessment and wound care.
    - *Clostridium difficile* infection prevention and management.
- ☐ Preventing transmission of infections from healthcare workers to residents through occupational health policies that include but are not limited to influenza immunization and following work restrictions when ill.
- ☐ Educate residents and family on infection prevention and control (e.g., refrain from visiting when ill, hand hygiene).

Pre-Admission Practices

- ☐ Assess for any current infections and how they are being managed/treated.
- ☐ Review the type of antibiotics being used, the route they are being administered, how long they have been used, and when the stop date is.
- ☐ Obtain any recent or pending laboratory (e.g., culture) or radiology results. If the results are not yet available, establish a process to obtain and review the results.
- ☐ Notify the infection preventionist and enter applicable information in the facility infection surveillance and tracking system.

EVENTS RELATED TO INFECTION

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Sample Content

Ongoing Care Practices and Monitoring

- ☐ Develop and implement organizational evidence-based infection prevention and control policies.
- ☐ Use 'care paths' or decision tools to guide nurses in monitoring signs and symptoms of infection (such as for symptoms of UTI or respiratory infections) and for contacting the provider with specific information to aid the provider in determining appropriate tests, diagnosis, and management.
  - o Use standardized communication tools (e.g., SBAR) to communicate information to the physician
- ☐ Use criteria/guidelines to support physician/practitioner diagnosis of infection and initiation of antibiotics.
- ☐ With any new/suspicion of infection:
  - o Ensure infection prevention and control nurse notified and involved.
  - o Notify resident and family members of infection, treatment plan, and transmission-based precautions (if necessary).
  - o Ensure appropriate radiology/labs/culture obtained to confirm infection. Ensure final result is obtained.
  - o Ensure appropriate initiation of antibiotics (e.g., standardized criteria for infection is met).
  - o Ensure appropriate room and roommate.
  - o Ensure appropriate signage, equipment, and supplies are available.
  - o Update the plan of care and nursing assistant assignment sheet with any interventions.
  - o At daily stand up/IDT meeting review new infections, antibiotic use, precautions, and interventions.
  - o Add infections, antibiotic use, precautions and interventions to the 24-hour report and ensure this information is reviewed with all staff at shift change (appropriate staff and IDT team members should review 24-hour reports back to the last day worked in order to ensure they are aware of changes).
  - o Enter applicable information in the facility's surveillance plan and tracking program (e.g., track which residents have infections, signs and symptoms of infection, any transmission based precautions, lab/ culture results, antibiotics prescribed, time-out or reassessment of antibiotic, stop date of antibiotic).

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Clinician Assessment/Communication

Ongoing Care Practices and Monitoring

- ☐ Develop and implement organizational evidence-based infection prevention and control policies.
- ☐ Use 'care paths' or decision tools to guide nurses in monitoring signs and symptoms of infection (such as for symptoms of UTI or respiratory infections) and for contacting the provider with specific information to aid the provider in determining appropriate tests, diagnosis, and management.
  - o Use standardized communication tools (e.g., SBAR) to communicate information to the physician

Suspected UTI SBAR

[Nursing Home Name] _____

[Street] _____

[City, State, ZIP] _____ Facility Phone/Fax _____

Resident Name _____ Date of Birth _____

Physician/NP/PA _____ Physician/NP/PA Phone/Fax _____

Nurse _____ Date/Time _____

How was information provided to clinician? ☐ Phone ☐ Fax ☐ In Person ☐ Other _____

S – Situation (use this information to complete Section A&R)

☐ I am contacting you about a suspected UTI for above resident.

Current Assessment (check all that apply):

- ☐ Increased urgency
- ☐ Increased frequency
- ☐ Hematuria
- ☐ Rigors (shaking, chills)
- ☐ Delirium (sudden onset of confusion, disorientation, dramatic change in mental status)

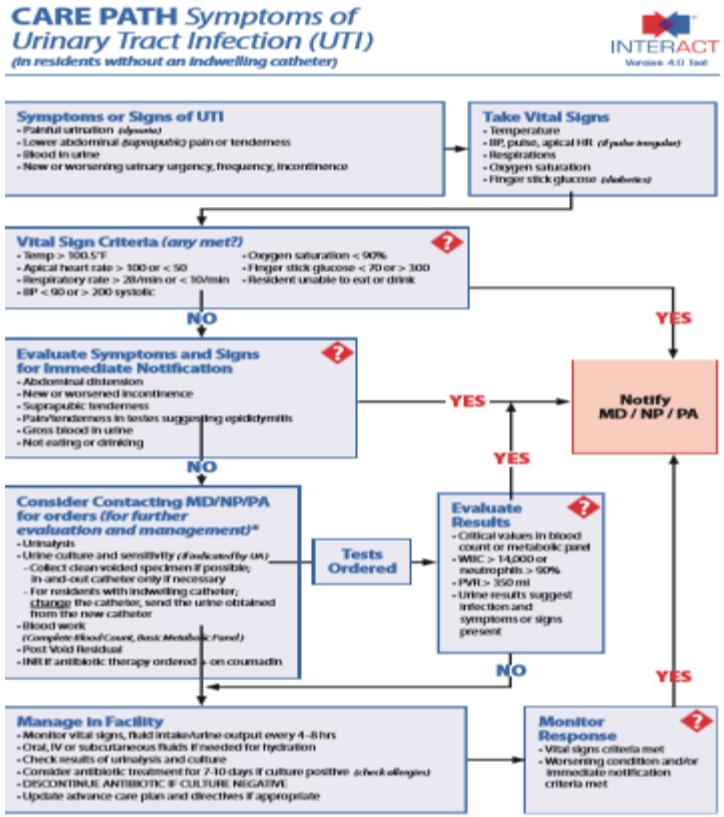
Vital Signs: BP _____/_____ Pulse _____ Resp. rate _____ Temp. _____

Resident Complaints (check all that apply):

- ☐ Dysuria (painful, burning, difficult urination)
- ☐ Suprapubic pain
- ☐ Costovertebral tenderness (flank pain/tenderness)

Recent Urinalysis Results (within the last 10 days) If Available:

UA results that were obtained on _____ (date) due to _____ (reason).



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Tie It All In

Utilize the Change Package through ALL steps of the QAPI process along with evidenced-based resources:

- Casper Report
- HQI Quality Measure Report & Tip Sheet
- INTERACT Care Path
- QAPI Toolkit:
    - Performance Improvement Project
    - PDSA
- Evidenced Based Tools:
    - McGeer, Loeb
    - Infectious Disease Society of America

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Final Thoughts

- Review the practices listed within the Change Package and compare to practices currently in place
- Document your success stories and share them with your residents, staff, families and colleagues
- Utilize complementary resources such as literature reviews and evidence-based tools and resources

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Save The Date

All Cause Harm Prevention in Nursing Homes:

Applying strategies from the new CMS Change Package

DATE: Thursday, January 24, 2019

TIME: 3:00pm-4:00pm ET

LOCATION: WebEx

REGISTER for the event:
https://qualitynet.webex.com/qualitynet/onstage/g.php?MTID=efe52a812df425e04d326423a2bae4cb7

HQI December Newsletter

Antibiotic Stewardship Tips

Using an Antibiogram to Choose the Right Antibiotic

Carbapenem-resistant Enterobacteriaceae

Use the Drug Regimen Review to Support Your Antibiotic Stewardship Program

Minimum Criteria for Common Infections Toolkit

Antibiotic Recommendations for *C. diff*

Prescriber Communication Influences Antibiotic Use

QAPI in Action Antibiotic Stewardship: Asking the Right Questions

Access Here! http://qin.hqi.solutions/resource-center/

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Nursing Home Staff Competency Assessment Toolkit

Available Now!

- The Centers for Medicare & Medicaid Services (CMS) has released a **Nursing Home Staff Competency Assessment Toolkit** designed to help nursing home frontline and management staff evaluate their skills.
- Identify areas where your nursing home is doing well, versus where your facility might need support.
- Three competency assessments in print and electronic formats:

  1. Certified Nursing Assistants (CNA)/Certified Medication Technicians (CMT)

  2. Licensed Practical/Vocational Nurses (LVN/LPN) and Registered Nurses (RN)

  3. Assistant directors of nursing (ADON), directors of nursing (DON) and administrators

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment.html

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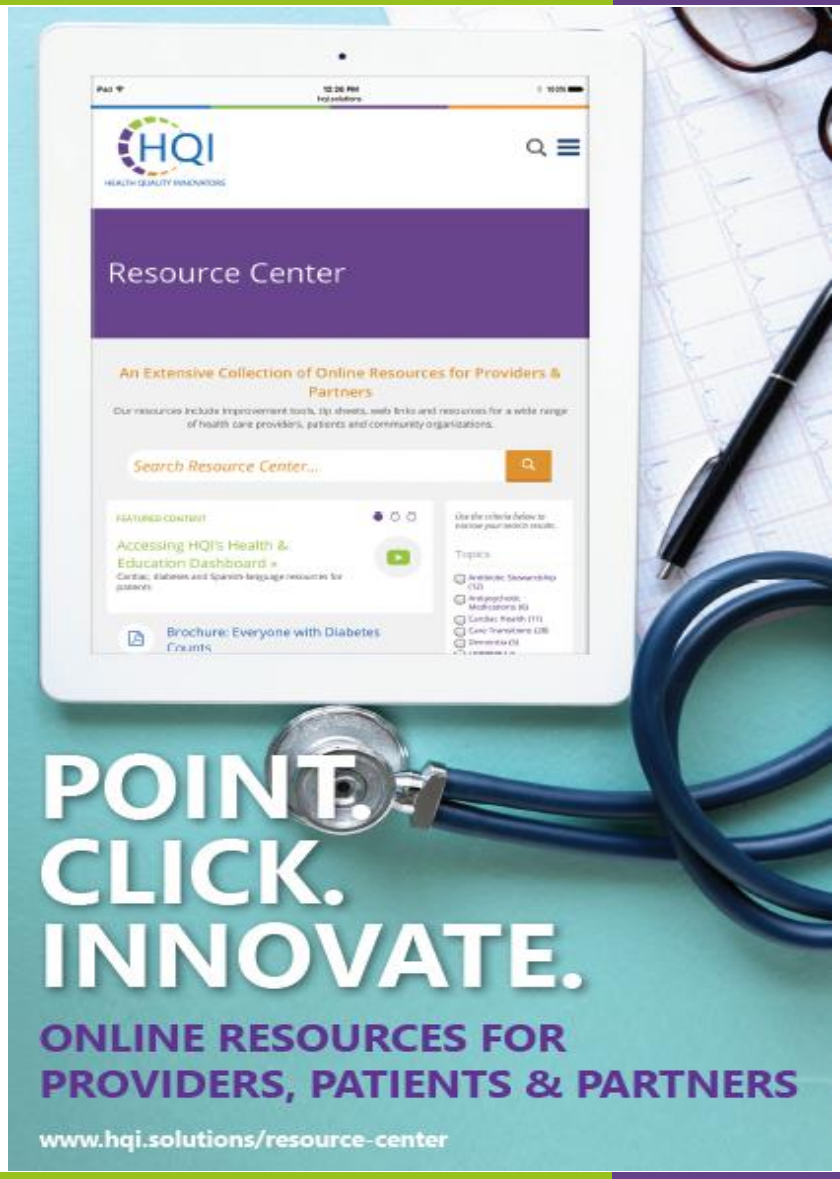
Need a Hand?



IT HAS NEVER BEEN EASIER TO ACCESS HQI'S RESOURCE CENTER

Health Quality Innovators (HQI) recently launched a new online resource center. Now clinicians, partners and patients have easy access to a wide range of quality improvement resources at no cost.

Benefits include

No log-in needed: You can access all our tools and resources; no password or username required.

Multiple ways to search: Either type in your search term(s) or sort by topic, audience or media type.

A wealth of materials covering all settings: You will find videos, webinar recordings, tip sheets, patient education materials and more. Materials cover all settings and address a wide range of topics from quality improvement basics to strategies for engaging patients and families.

This material was prepared by Health Quality Innovators (HQI), the Medicare Quality Innovation Network-Quality Improvement Organization for Maryland and Virginia, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. HQI|11SOW|20190102-160845

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