

OHCA *Quality* Focus

September/October, 2013

Quality Focus Looks at Faces and Facets of Care



Michael Coury

President, Ohio Health Care Association

Welcome to the inaugural edition of the OHCA Quality Focus. This newsletter is developed by the Ohio Health Care Association and its affiliates, the Ohio Centers for Assisted Living and the Ohio Centers for Intellectual Disabilities. The articles in this and future editions are contributed by long term care professionals throughout the continuum of care, as well as providers of products and services who support the profession.

Ohio's providers of long term care and services have a rich history rooted in the desire to give the best in services, both long and short term, to all those entrusted to our care. We have seen a rapid evolution in how those services are provided. This evolution has been fueled by consumer demand and advances in healthcare allowing all of us to live longer, healthier lives.

We have seen the nursing homes of yesterday give way to the skilled nursing centers of today. Offering both post acute short stays and longer residential nursing care stays, the environments in our centers continue to adapt to meet the needs of those we serve. We have seen the evolution of assisted living in Ohio grow from apartments for the well-elderly to supported living environments with services to enhance and promote the independence of the consumer. We have also seen the same evolution in the provision of supports and services for those with developmental and intellectual disabilities. From the days of developmental centers to current small group housing, the focus remains on meeting consumer demand for quality services in a supportive homelike environment.

With the addition of home and community based services throughout the years, the continuum has, and continues to expand and to meet changing consumer need and demand. OHCA and its members support this dynamic and rise to the challenge of developing services and settings that will meet these needs both today and long into the future.

So, what does all of this have to do with quality? To tell the story of the evolution of the long term care profession is in itself a story of the evolution of quality. The word "quality" has a very different meaning to each individual. We all agree that quality is good and something to be strived for. We all want to feel that when we procure products

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Ohio Health Care Association

The Ohio Health Care Association (OHCA) is proud to represent more than 800 skilled nursing care facilities, assisted living communities and intermediate care facilities for individuals with intellectual disabilities (ICF-IID). The Association was established in 1946 to meet the needs of the state's growing number of long-term care professionals, which today totals more than 100,000 exceptional men and women who care for Ohio's most frail and vulnerable citizens. OHCA is a non-profit association with 2 affiliate organizations – the Ohio Centers for Assisted Living (OCAL), and the Ohio Centers for Intellectual Disabilities (OCID). Many OHCA members also provide a variety of home and community-based services. OHCA is the largest long-term care association in the state, and the only chartered Ohio affiliate of the American Health Care Association, representing more than 12,000 long-term care facilities nationwide.

Edgewood Manor One of Six Ohio Facilities Earning 2013 AHCA Silver Quality Award



Edgewood Manor Nursing Center
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Edgewood Manor Nursing Center (EMNC) is located in the scenic, rural community of Port Clinton, Ohio, near the shores of Lake Erie. Community loyalty is integral to EMNC's mission, where they believe in the motto of "Families serving Families."

The management and care giving staff at EMNC has created a culture of compassion and excellence, tailored to each resident's needs to help them achieve their highest quality of life.

The mission at Edgewood includes directives to treat everyone with dignity, respect and kindness; provide high-quality care and services; a safe, clean and comfortable environment, and to improve the quality of resident life. With a focus on rehabilitation, that mission is achieved daily. Rhonda Lewis, State Tested Nurse Aide, says that "it is so great to be able to return residents to the community! Our therapy department is awesome."

EMNC was selected as one of six Ohio 2013 recipients of the *Silver – Achievement in Quality* for its outstanding performance in health care. The award is one of three distinct awards possible through the National Quality Award program, presented by the American Health Care Association and National Center for Assisted Living (AHCA/NCAL). The competitive award program highlights select facilities across the nation that serve as models of excellence in providing high-quality long term care.

"it is so great to be able to return residents to the community! Our therapy department is awesome."

Rhonda Lewis, STNA

Denice Day, LNHA and Executive Director of EMNC says that "it is my honor to be a part of a team that demonstrated over and over again their commitment to quality care for our residents."

As the only skilled care facility in Port Clinton, EMNC holds a precious position in the community, and the staff takes its role seriously. As a demonstration of their commitment, Denice adds that "in the past year, Edgewood Manor has received a 5-Star rating from the Centers of Medicare and Medicaid Services, a deficiency free survey from the Ohio Department of Health, Better Business Bureau Torch Award Finalist, Port Clinton Chamber of Commerce Lighthouse Award and of course the Silver-Achievement in Quality."

The facility's Quality Management Program (QMP) is used to monitor, evaluate and continuously improve the staff's ability to meet and exceed the needs of residents and their families. Performance measures and progress are tracked, evaluated and adjusted on an ongoing basis.

Quality Focus Looks at Faces and Facets of Care - continued

and services that we have received "quality." Yet, quality can be very elusive as each of our expectations are unique to our own circumstances. This is also why quality is not something ever to be truly achieved. It is a trait that should necessarily be always worked toward achieving.

The long term care profession in Ohio has many tools for evaluating quality. These include Family and Resident Satisfaction surveys, the survey process, CMS' 5-star process (see related article), health care association awards and achievements. We also recognize quality by honoring outstanding individuals in our profession through personal achievement awards and scholarships offered to those interested in long term care careers to ensure a strong future. Many of our consumers and their families acknowledge quality through a simple but powerful note of thanks "for taking care of mom and our family."

This and future editions of the Quality Focus will delve into the many faces and facets of quality. We will offer resources for use by the reader in learning more about the services offered within the profession and the challenges we meet along the way. We will highlight the achievements of some of our member facilities and the special people who make it all happen. We will challenge the reader to join us on our quest for quality through assisting us in the development of good public policy and reimbursement systems to meet the needs at every level of the continuum of care. Working together we will continue to push the bar of quality ever higher, always striving to achieve the next level in our quest.

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Also a key to Edgewood's success is the care shown to and by the facility's employees. The "Cutting Edge" employee recognition program is a peer-to-peer recognition where employees can nominate a co-worker for going above and beyond their required duties, and the Employee Appreciation Committee comprised of employees from every department solicits feedback to learn of and address employee concerns.

Likewise, resident and family concerns are proactively sought, and addressed in monthly Quality Management Committee meetings.

Lisa Moore, LSW, says that "the key to our resident satisfaction is our communication with not only the resident but their family, as well. Our meetings and care conferences are an integral part of that communication."

The results speak for themselves. Resident satisfaction has consistently improved since 2007, job satisfaction among employees is high, EMNC has steady growth in the number of residents that return home after short-term therapy since 2008, and outcomes on quality measures continue to improve.

"To earn an award at this level requires the unwavering commitment of each individual in a facility," said Mark Parkinson, President and CEO of AHCA/NCAL. "Edgewood Manor deserves the Silver Quality Award for its accomplishments, and I congratulate each and every person that helped in this constant journey of improving quality care."

Implemented by AHCA/NCAL in 1996, the National Quality Award Program is centered on the criteria of the Baldrige Performance Excellence Program. The program assists providers of long term and post-acute care services in achieving their performance excellence goals.

As a recipient of the *Silver – Achievement in Quality* award, Edgewood Manor has demonstrated systematic advancements in quality, plans for continual improvement, and sustainable organizational goals. Edgewood Manor may now move forward in developing approaches and achieving performance levels that meet the criteria required for the *Gold – Excellence in Quality* award.

Reduction of Off-Label Antipsychotic Use

Mandy Smith,
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The Ohio Health Care Association, in coordination with the American Health Care Association, is committed to reducing the off-label use of antipsychotic medication for seniors with dementia. Many long-term care residents have some form of dementia. For these individuals, behavior often becomes one of the few remaining forms of communication. Too often, antipsychotic medication is used in an attempt to modify behavior rather than interacting with the resident without using medication.

The Federal Drug Administration considers the use of antipsychotic medications for people with dementia as off-label, and the agency has issued a "black box" warning about using these medications for seniors with dementia. Antipsychotic drugs increase the risk of falls, with fractures, hospitalizations, and other complications, resulting in poor health and high medical costs.

OHCA is working with its members to achieve reduction in the use of antipsychotics through a number of activities, including: continuing education programs; publicizing the issue in publications and communications; support for Advancing Excellence, and LANE; the Association's own Quality Commission; and continued dialog with state and federal agencies on additional ways to address this issue. One of AHCA's Quality

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Alternative Therapies Used to Reduce Medication and Promote Calmness in Individuals with Dementia

Terri Durkin Williams, RN, LNHA
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Reduction of Off-Label Antipsychotic Use - continued

Initiative goal is for long-term care providers to reduce the off-label use of antipsychotics by 15 percent by December 2013. OHCA supports this goal, and promotes the Quality Initiative as a major enterprise for member participation.

Based off of the second quarter and fourth quarter 2012 quality measure data reported to CMS, 908 skilled nursing facilities in Ohio had significant data to compare, with regard to the antipsychotic measure.

These results show a positive reduction in off label antipsychotic use in skilled nursing facilities.

- 479 facilities showed a reduction from the second quarter to the fourth quarter (52.7%)
- 4 facilities had no change
- 250 facilities had a minimum of a 15% reduction (27.5%)
- 471 Ohio facilities are at or below the National average (51.8%)
- 139 facilities are at or below 15% usage (34 of these facilities showed an increase due to their numbers being so low to begin with) (15.3%) requirement. AHCA will stay engaged with CMS, and will continue to voice our members' questions and concerns.

Alternative Therapies:

- **Acupressure Points** – this is an ancient healing art that uses the care provider's finger to stimulate the body's natural self-curative abilities. It boosts the immune system and can release tension, increase circulation and reduce pain.
- **Hand and feet massage** - provides the human touch, reduction of pain, relaxation of muscles and can aid in helping persons to sleep.
- **Deep Breathing** – this exercise can help the person focus on the here and now. When this is accomplished it can reduce stress and pain, clears the mind to reduce anxiety, relaxes the muscles, and slows the heart rate.
- **Mediation** – this exercise may need to be adapted for individuals with dementia. Playing peaceful music, controlling the lighting and noise in the environment, mixed with some deep breathing and/or hand massage for a period of 20 minutes can reduce anxiety, relax muscles, and reduce pain.
- **Finger Labyrinth** – using a picture of a labyrinth, the person is guided to follow the pattern with their finger. This helps the person focus on the here and now, which can provide relaxation and reduce anxiety.

A basic need in all human life is to live peacefully and be safe. This is no different for individuals who live in facilities and have dementia. Dementia is a diseased brain that is caused by a variety of medical conditions. Many understand that with dementia the brain is not able to recall past events well. The diseased brain affects far more than just memory; it can affect judgment, mood, physical decline, and the actions of persons. Caring for human life with this disease can present challenges. Caregivers can struggle with issues of urinary incontinence, wandering (endless walking and searching), and physical actions like hitting, yelling, not bathing or changing clothing. When these events take place on a consistent basis is when caregivers look for assistance from facility providers.

The facility can be a support to individuals with dementia and their caregivers. Facilities are well regulated by the Center for Medicare and Medicaid Services (CMS) to oversee that care and services meet a professional standard. In March of 2010, CMS

initiated a quality project to improve the care provided to individuals with dementia living in facilities, to deliver health care that is person-centered, and to protect residents from being prescribed antipsychotic medications without a valid, clinical indication and a systematic process to evaluate each individual. This initiative has been embraced by providers. It is creating enhanced education on dementia, and learning alternative therapies to support peaceful living with dementia.

Antipsychotic medications have been used in individuals who have dementia to calm the brain and assist in reducing wandering, yelling, and physical actions that may be harmful to self or others. These drugs are to be avoided for behavioral problems in

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Safer, Patient-Centered Care through Restraint Reduction

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The 2001 Institute of Medicine (IOM) report, "Crossing the Quality Chasm," outlined a national healthcare agenda, with the goal of narrowing the gap between current systems and the "possibilities of tomorrow." Citing numerous examples of healthcare's inability to consistently and rapidly translate knowledge into practice, the IOM made several recommendations. Among them is the recommendation for all health care organizations, professional groups, and private and public purchasers to pursue six major aims; specifically, that health care should be: safe, effective, patient-centered, timely, efficient, and equitable (see Figure 1).

Figure 1

Institute of Medicine Aims for the 21st-Century Healthcare System

Healthcare should be:

- **Safe**, avoiding injuries to patients from the care that is intended to help them.
- **Effective**, providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse, respectively).
- **Patient-centered**, providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
- **Timely**, reducing waits and sometimes harmful delays for both those who receive and those who give care.
- **Efficient**, avoiding waste, including waste of equipment, supplies, ideas, and energy.
- **Equitable**, providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location and socioeconomic status.

Source: *Crossing the Quality Chasm: A New Health System for the 21st Century*. Available at <http://www.nap.edu/catalog/10027.html>. Accessed August 14, 2013.

Physical restraints have long been used in an effort to keep nursing facility residents safe, especially those who have a high risk of falling. However, restraints, like seat belts, tray tables, harnesses or even reclining chairs, can also have serious, unintended consequences. While some restraints can indeed help residents move about more safely, they can also result in such conditions as pressure sores, contractures, bowel and bladder problems, loss of appetite and mobility, depression, withdrawal, loss of dignity, and death by asphyxiation or entrapment.

Because of the inherent dangers in these restraining devices, their use was addressed in the National Nursing Home Reform Act. The 1987 law stated very clearly that nursing home residents have "the right to be free from ... any physical or chemical restraints imposed for purposes of discipline or convenience and not required to treat the resident's medical symptoms." However, when data from the Minimum Data Set (MDS) became available in 1991, it revealed that more than 20% of the country's nursing facility residents still had a physical restraint applied daily (see Figure 2).

Through a federal contract with the Centers for Medicare & Medicaid Services (CMS), and in alignment with the IOM aims and the goals of CMS' National Quality Strategy, Ohio KePRO has worked with skilled nursing facilities to dramatically reduce

Alternative Therapies Used to Reduce Medication and Promote Calmness in Individuals with Dementia - continued

individuals with dementia unless non-pharmacologic options have failed and the person is a threat to self or others. Common side effects in older adults are delirium, falls, sedation, and increased cognitive impairment.

Facilities are seeking alternative treatments to help individuals who have anxiety and distress that make it difficult to function each day. The therapies are easy to implement, but can be time consuming. The brain does not easily move from a state of agitation to calmness.

Alternative therapies need to be used one to two times a day. They work best if used as prevention and not in a state of crisis for the person with dementia. These exercises help in slowing the constant, useless thoughts that control human emotion and produce fear and anxiety. When this is accomplished, the use of antipsychotic medication can start to be reduced and, in some cases, discontinued.

The human goal in working with individuals with dementia is to love the person and embrace the disease. Loving the person becomes easier when the challenges of behavioral care are reduced.

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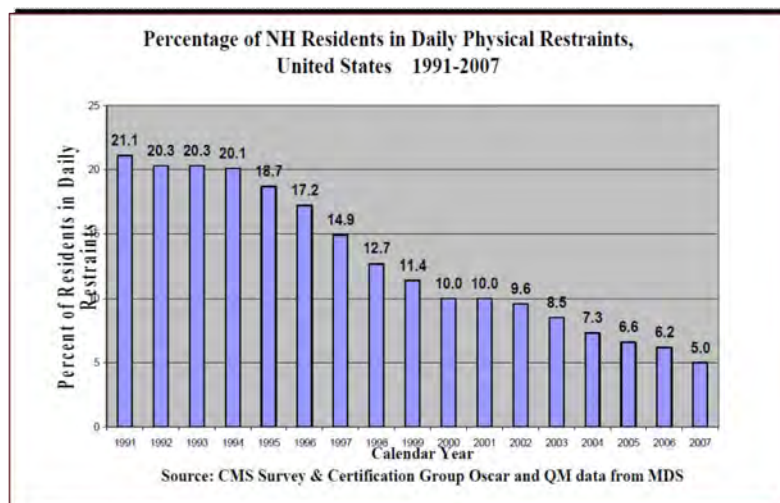
the use of physical restraints. In an 18-month quality improvement project with 76 Ohio nursing facilities (2011-2013), a 75% relative improvement was noted in participants' physical restraint rates. In fact, 40% of participating facilities demonstrated 0% restraint rates by the conclusion of the project.

Project interventions that facilities implemented included such strategies as:

- Establishing a facility-wide commitment to restraint reduction
- Developing restraint reduction teams and conducting root cause analyses
- Identifying safe, resident-centered alternatives to restraints based on their individual needs and preferences
- Trialing restraint reductions and documenting residents' progress
- Collecting and reviewing data
- Providing education to staff, residents and families on the dangers of restraint use
- Engaging direct care staff, and residents and families in restraint reduction.

Nursing facility residents are restrained far less often today than in the years before and immediately after the enactment of the reform law; the national rate of physical restraint use currently is 1.6%, and Ohio's average is 1.9%. With increased attention on effective restraint reduction strategies, nursing facility residents in Ohio and across the country are receiving care that is safer and more patient-centered.

Figure 2



Source: CMS, *Freedom from Unnecessary Physical Restraint Use*, 2008.

Care Conversations: Changing the Conversation

Seventy percent of us will need long-term care after age 65, yet few of us openly discuss care needs and wishes.

Care Conversations

(<http://careconversations.org/home.aspx>) is bringing people together to change this conversation trend. The website provides information and resources to get people talking with loved ones, health care providers and industry experts. Working together, we can plan and prepare for our future and ensure care needs are met every step of the way.

Conversations focuses on people and the honest discussions needed to plan and prepare for the future. Finding care may seem difficult or even overwhelming at first. Whether you're seeking care for yourself or for a loved one such as a spouse, parent or sibling, Care Conversations can help you every step of the way. Worry less about tomorrow. Start a conversation today.

Getting Started with Care Conversations

Because everyone's situation is different, no two Care Conversations will be the same. The website helps you start a conversation, explore options, and find solutions that are right for you. The website allows users to:

- Hear others share their personal experiences.
- Watch featured conversations throughout the site and in the video library.
- Learn how to start a Care Conversation.

CMS Nursing Facility Five-Star Quality Rating System

On the CMS Facility Compare website,

<http://www.medicare.gov/NursingHomeCompare/About/Ratings.html>

individuals can obtain additional information about the rating system and search for facilities to review and/or compare.

The Centers for Medicare & Medicaid Services (CMS) created the Five-Star Quality Rating System to help consumers, their families and caregivers compare nursing facilities more easily and to help identify areas about which they may want to ask questions.

The system gives each nursing facility a rating of between 1 and 5 stars. Facilities with 5 stars are considered to have above-average quality, and those with 1 star are considered to have quality much below average. There is one Overall 5-star rating for each facility, and a separate rating for each of the following three sources of information:

- **Health Inspections** – The health inspection rating contains information from the last 3 years of onsite inspections, including both standard surveys and any complaint surveys. This information is gathered by individuals who go onsite to the facility and follow a specific process to determine the extent to which a facility has met Medicare’s minimum quality requirements. The most recent survey findings are weighted more than the prior two years. More than 200,000 onsite reviews are used in the health inspection scoring nationally.
- **Staffing** – The staffing rating has information about the number of hours of care on average provided to each resident each day by nursing staff, including the number of registered nurses, licensed practical or vocational nurses, physical therapists and nursing assistants in each facility. This rating considers differences in the level of need of care of residents in different facilities. For example, a facility with residents who had more severe needs would be expected to have more nursing staff than a facility where the resident needs were not as high.
- **Quality Measures (QMs)** – The quality measure rating has information on 9 different physical and clinical measures for facility residents - for example, the prevalence of pressure sores, percent of residents with urinary incontinence or changes to resident’s mobility and more. This information is collected by the facility for all residents. The QMs offer information about how well facilities are caring for their residents’ physical and clinical needs. More than 12 million assessments of the conditions of facility residents are used in the Five-Star rating system.

On the Web site individuals are able to arrange the order of the facilities according to any of the three aspects above, as well as an overall quality rating based on those three sources of information.

Tips:

- Quality is generally better in facilities that have more staff who work directly with residents. It is important to ask facilities about their staff levels, the qualifications of their staff, and the rate at which staff leave and are replaced.
- Talk to the facility staff about these quality measures and ask what else they are doing to improve the care they give their residents. Think about the things that are most important to you and ask about them, especially if there are no quality measures that focus on your main concerns.
- CMS also cautions: No rating system can address all of the important considerations that go into a decision about which facility may be best for a particular person. Examples include the extent to which specialty care is provided (such as specialized rehabilitation or dementia care) or how easy it will be for family members to visit the facility resident. As such visits can improve both the residents quality of life and quality of care, it may often be better to select a facility that is very close, compared to a higher rated facility that would be far away. Consumers should therefore use the Web site only together with other sources of information for the facilities (including a visit to the facility) and State or local organizations (such as local advocacy groups and the State Ombudsman program).