SA7- Quality Improvement: How to Achieve Better Outcomes in Your Facility

Saturday, March 24
11:00 AM - 12:30 PM

Session Description

This session will focus on the collaborative and interdisciplinary nature of improving the quality of care and life for PA/LTC residents. It will feature presentations by the Foundation's 2017 Quality Improvement Award winner on the "Quality of Dementia End-of-Life (EOL) Care in Nursing Homes using Quality Data Collection Tool for Palliative Care (QDACT-PC) Registry," as well as presentation from the winners of the 2018 QI & Health Outcome (QIHO) Award. These awards are centered on programs that facilities have successfully implemented to improve the quality of life for their residents. These presentations will form the basis for discussion by Robert Kaplan, MD, CMD, Thomas Caprio, MD, CMD, and Dulce Maria Cruz Oliver, MD. The discussion will serve to highlight the relationship between individual QI initiatives and larger research projects and trends that strengthen the quality of life across the PA/LTC continuum.

Learning Objectives

Appreciate the diversity and impact of quality improvement and quality of life projects in the PA/LTC setting.
Describe the difference in project design and implementation of quality of care and quality of life projects.
Summarize the Baldrige categories and criteria and how they apply to the nursing home environment.
Analyze your organization's systems or overarching plans for relationship management, communication and safety separately from the policies and procedures you have developed in those areas.

Presenter(s): Robert Kaplan, MD, CMD; Thomas Caprio, MD, MPH, HMDC, CMD; Rebecca Ferrini, MD, MPH, CMD; Marian McNamara, RN, MSN; Maria Acosta, RN

Presenter(s) Disclosures: All speakers have reported they have no relevant financial relationships to disclose.
Commitment To A Safe Culture “Antibiotic Stewardship”

Learning Objectives
By the end of the session, participants will be able to:
• Identify the background which lead us to undertake this quality initiative
• Understand the implementation process of the “Antibiotic Stewardship Program” at Sea View
• Model a similar “Antibiotic Stewardship program at your facility utilizing our tools

Speaker Disclosures
Marian McNamara R.N.
Maria Acosta R.N.
Have disclosed they have no financial relationships

Sea View Building

Sea View's Approach To Culture Change
Antibiotic Stewardship

- A set of commitments and activities designed to optimize the treatment of infections while reducing the adverse events associated with antibiotic use

Domains of A Quality “Antibiotic Stewardship Program”

- Coordinated program promoting appropriate use of antimicrobials
- Improving resident outcomes thus affecting quality of life
- Reducing microbial resistance
- Decrease the spread of infection caused by multi-drug resistant organisms
- Interdisciplinary approach

Reason/Background for Development

- Antibiotic over usage in long term care facilities
- Antibiotic Misuse
- Anti-microbial resistant organisms
- Regulatory requirements mandating heightened awareness of antibiotic use
- Antibiotic usage extremely high in our facility
- PRA revealed antibiotics prescribed for prophylaxis or asymptomatic bacteriuria

Project Objective/Goals

- Optimal resident centered care while embedding antibiotic stewardship principles to our practice
- Optimization of the treatment of infections while limiting adverse events associated with antibiotic use

Defined goals of Core Elements:

- Leadership support
- Accountability
- Drug expertise
- Actions to improve antibiotic usage
- Tracking activities related to antibiotic use, reporting, Education
Quality Improvement Awards and Expert Panel Discussion
Commitment To A Safe Culture “Antibiotic Stewardship" - Acosta, McNamara

Implementation-Tools for Success

• Buy in from all levels of the organization
• Top performers in the Press Ganey surveys for patient experience and employee engagement, nursing home quality initiative leadership commitment for implementation/sustainability
• 5 star rating from CMS for the last ten years
• Affidavit of leadership support/job description amended
• Four professional leads defined to foster accountability
• Medical Director, infection preventionist, director of nursing, director of pharmacy

PRESS GANEY PATIENT SATISFACTION

Sea View Lobby Display

Antibiotic Stewardship Team
Quality Improvement Awards and Expert Panel Discussion
Commitment To A Safe Culture “Antibiotic Stewardship" - Acosta, McNamara

Implementation/Tools for Success
- Start small
- Insurmountable to study all infections
- Proactive Risk assessment targeted urinary tract infections as identified failure modes
- Antibiotics prescribed for prophylaxis or asymptomatic bacteriuria

Implementation/Tools for Success
- Prevention of infection
- Assess current practices
- Assessment tool to evaluate continence levels
- Toileting Program to include Sara lifts
- Perineal care practices/simulation lab
- Hydration Program

Implementation/Tools for Success
- Policy and procedure amendment
- Algorithm prior to the start of medication
- Development of care paths/treatment recommendations
- Antibiotic Stewardship binder on all resident care areas
- Infectious disease practitioners
- Report card generated
- Infection prevention meeting

Implementation/Tools for Success
- Antibiogram
- Weekly meeting to discuss appropriate vs inappropriate antibiotic usage
- Daily communication tool to executive team/identification of real time concerns

Measurable Outcomes
- Appropriate treatment practices for antibiotic usage has increased from 35 percent to 70 percent with a 1.4 percent treatment ratio
- Starting data
- 164 antibiotic starts 35 percent treated appropriately representing a 2.8 percent treatment ratio
- Present Data
- 50 antibiotic starts with 70 percent treated appropriately representing a 1.4 percent treatment ratio
- Strive to reduce treatment ratios to one where the antibiotic starts equal the symptomatic UTI events
Quality Improvement Awards and Expert Panel Discussion
Commitment To A Safe Culture “Antibiotic Stewardship" - Acosta, McNamara

Organizational Improvement
- Daily interdepartmental communication tool identify concerns on a real time basis
- Dedicated weekly time slot to discuss all residents placed on antibiotic therapy the past week
- Prevention of infection
- Educational opportunity to dispel misconceptions of established past practices
- Addition of antibiotic stewardship principles into practice allow us to treat in place
- Each practitioner has learned not to take personal affront but realize we are improving a system to provide a safer healthcare system
- Celebration of employees
- Quality initiative aligned with NYC Health Plus Hospitals Guiding Principles

Implementation at Other Facilities
- Is your staff ready
- Correct people to be part of the team
- Minimal cost easily replicated
- Essential to establish an Antibiotic Stewardship Program. This provides a level of exceptional care. It aligns with the ethical principle of do no harm
- To obtain or maintain a 5 star rating
Quality Improvement Awards and Expert Panel Discussion
Commitment To A Safe Culture “Antibiotic Stewardship" - Acosta, McNamara
SA7 - Quality Improvement Awards and Expert Panel Discussion
Quality Improvement: How to Achieve Better Outcomes in Your Faculty - Ferrini

Learning Objectives
- Summarize the Baldrige categories and criteria and how they apply to the nursing home environment.
- Differentiate and make explicit the various systems behind a successful PI project.
- Analyze your organization’s systems or overarching plans for relationship management, communication and safety separately from the policies and procedures you have developed in those areas.

What is this award anyway?
- AHCA/NCAL annual quality awards—Bronze, Silver and Gold
- Superior performance in leadership, strategic planning, and customer and staff satisfaction.
- “Allows organizations to take their performance excellence journey to a higher level through their application of the full Baldrige criteria and the valuable feedback received through the application process.”

Who is going for it?
- 15,000 nursing homes in USA
- 12,000 in AHCA
- 22 years of awards
- https://www.ahcancal.org/quality_improvement/quality_award/Pages/Gold‐Award.aspx

What is the Baldrige criteria
- Baldrige Criteria for Performance Excellence in Health Care
- https://www.nist.gov/baldrige/self‐assessing

Speaker Disclosures
Dr. Ferrini has no financial relationship(s) to disclose.
QAPI program models Baldrige Principles

- Element 1: Design and Scope.
- Element 2: Governance and Leadership: ...
- Element 4: Performance Improvement Projects (PIPs)

Have you done the QAPI self assessment?

What are the Baldrige Criteria? (and how much time do you have?)

- A systems perspective of alignment and integration across an organization.
- Processes and results representing all of the components of a performance management system.
- Integration throughout the organization—how do you do it again and again and how do you measure and evaluate your processes ongoing?

Tell me about a quality initiative in your facility?

- How was that priority set?
- How do you determine the stakeholders?
- During the project, what would happen if something of higher priority was proposed?
- What are the steps you take to develop or modify a system?
- What data is collected and how was it compared?
- How do you measure sustained performance?

Which is more important?

<table>
<thead>
<tr>
<th>WHAT WE DID</th>
<th>HOW WE DID IT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibiotic stewardship</td>
<td>Workforce engagement</td>
</tr>
<tr>
<td>Reducing overtreatment of UTI</td>
<td>Developing trust in leadership</td>
</tr>
<tr>
<td>Reducing antipsychotics</td>
<td>Identifying needs of the customer</td>
</tr>
<tr>
<td></td>
<td>System development</td>
</tr>
</tbody>
</table>

Tell me about Edgemoor

- 192 bed county-run safety net facility cares for individuals with complex medical, behavioral and psychosocial needs with an average age of around 54 funded by Medicaid.

- Award Winning:
  - 2009 AMDA Medical Director of the Year;
  - US News and World Report top nursing home for 6 years;
  - 5 stars (20/20).
Can I take a peek at your application?

• Org profile: we choose what to tell them about our operating environment, key relationships, competitive environment, and strategic context.
• Categories 1-6 tell about our processes and section 7 has results telling how we are measuring and accomplishing what is important
• Scoring guidelines assess how well we accomplish what we said is important: the maturity of processes and their deployment, and the breadth and significance of the organization’s results.
SA7 - Quality Improvement Awards and Expert Panel Discussion
Quality Improvement: How to Achieve Better Outcomes in Your Faculty - Ferrini

Section 4: Measurement, Analysis, and Knowledge Management

Section 5: Workforce

Section 6: Operations

Section 7: Results for each section with comparisons—more than 70 graphs!

What was the process: tell me about your journey—what was it LIKE?

I am very busy and that sounds complicated,
WHAT CAN YOU TELL ME NOW THAT I CAN USE TOMORROW?
What or How?

**WHAT**
- Excellent quality indicators and five stars
- We had a two year project to reduce pressure ulcers
- We implemented antibiotic stewardship and here are our results.

**HOW**
- We set priorities through an annual process that is updated at each Quality meeting
- Avenues for communication are selected based on the type, timeliness and audience preferences.

What did we learn?
- We cannot serve residents without happy, engaged staff–create a therapeutic healing environ for ALL.
- No project will succeed without trust and truth telling. No one will tell the truth if there is any punishment. Build trust and safeguard it—nothing gets done well without it.
- Go beyond projects, look at systems, relationships.
- Show how you do it and be authentic. All staff do not have to know everything!

Culture eats strategy for breakfast

*Dr. Angelo Kinicki*

Nursing calls you for dark, strong urine: what is your response?

- That is not important, overdiagnosis and reporting poses risk of excess antibiotic use. Didn’t you do the in-service or look at those cards we put by the phone?
- I appreciate the attention you pay to patients and small differences that may save their life. Thanks for taking the time to call. That could mean a change in diet or perhaps the person needs more fluids—are they eating well? It could be an early sign of an infection—watch out for symptoms. We will watch. Thanks again for your attention to detail.

This patient is so difficult, we are taking two hours for morning care!

- You need to set firm limits and enforce them.
- She seems nice to me.
- It is our job to take care of the difficult people.
- She complained that you do not clean her property so please in-service staff on proper methods to clean.

- I know this came to me and that means you feel you have done all you could. I am here to help! Gather staff together and I will be there. We cannot let this go on as it may burn out staff, and it may pose a risk of taking essential care away from others. We are putting this as a top priority—thank you for coming forward.

The PPMS*: overseeing processes with plans

*Proactive Process Management System*
Example: Relationship Management Plan

What can you do to improve relationships?

- Medical director or other expert comes to all RCC to teach, listen, support and model.
- Identify unhappy employees and give them more attention. Identify quiet awesome employees and give them recognition.
- CNA to all care conferences speaks first to honor role.
- Consistent assignments.
- Physician and administration supports primary team.
- Treat those who make errors with compassion. Make sure you can do it before you ask them to do it.

Example: Communication Plan: takes apart how we communicate in the organization.

Example: Disaster and Emergency Response Plan

Any further questions, or for sample documents, contact...

- Rebecca.Ferrini@sdcounty.ca.gov

- Special thanks to our software Policy Tech, an exceptional software which allows document creation, collaboration, linking, tracking of input in a searchable format. We use to manage our policies, procedures, SDS, manuals, memos, plans, PPMS, and more than 150 trainings. We doubt we could have achieved this award without it!