National Partnership to Improve Dementia Care in Nursing Homes & Quality Assurance and Performance Improvement

March 3, 2020
Acronyms in this Presentation

- ADL: Activities of Daily Living
- CMPRP: Civil Money Penalty Reinvestment Program
- CMS: Centers for Medicare & Medicaid Services
- H2T: Head to Toe
- PDSA: Plan, Do, Study, Act
- SBAR: Situation, Background, Assessment, Recommendation
- SME: Subject Matter Expert
Agenda

• Centers for Medicare & Medicaid Services (CMS) Civil Money Penalty Reinvestment Program (CMRP) Toolkits
  Cathleen Lawrence, Michele Laughman, and Sheila Hanns, CMS

• National Partnership Updates
  Dara Graham, CMS
CMS CMPRP Toolkits

Presenters:
Cathleen Lawrence
Michele Laughman
Sheila Hanns
Agenda

- Overall approach
- Breakthrough Community design
- Head to Toe (H2T) Toolkit for infection prevention
- Developing a Restful Environment Action Manual (DREAM) Toolkit for sleep improvement
- Staffing Toolkits for staff sufficiency, competency, and performance
**Overall Approach**

1. Engage Subject Matter Experts
2. Develop an Evidence Framework
3. Identify, Categorize, and Package Interventions
4. Develop Breakthrough Communities
5. Implement Plan-Do–Study-Act (PDSA) Cycles to test interventions
6. Limited Scale-up with User-centered Tools
7. Disseminate to Nursing Facilities to Drive Nationwide Adoption
The Breakthrough Community is a learning collaborative model that brings together groups of health care facilities to try new approaches and use data to understand what works. Tools are developed and tested in the community, which generates insights that serve as a foundation for national dissemination.
H2T Toolkit for Infection Prevention
Adverse Events Breakthrough Community: The Journey and What We Learned

• The Breakthrough Community on Adverse Events focused on reducing adverse events in long-term care settings
• Nursing homes attended learning events on staff stability, communication, root cause analysis, fall prevention, sleep hygiene, and how these strategies can reduce adverse events
• The process highlighted key insights on how nursing homes implement quality improvement efforts, such as:
  • A common focus on improving staff buy-in and follow-through in quality improvement efforts
  • Significant interest in customizable strategies and tools that homes can easily integrate into their routines
  • A desire for quality improvement resources that help staff provide better person-centered care
Why infection prevention?

• According to the 2014 Office of the Inspector General report:
  • 79% of residents who experienced an adverse event experienced harm that required prolonged stay, transfer, or hospitalization
  • 59% of adverse events in nursing homes were preventable
  • 26% of adverse events were related to infections

• The most common infections in U.S. nursing homes were:
  • Urinary tract infections
  • Pneumonia
  • Soft tissue and skin infections

The H2T Toolkit promotes a wellness approach to reducing the most common infections in nursing homes through excellent Activities of Daily Living (ADL) care

Head to Toe: Implementation Guide

- Audience: Nursing home leadership, including Administrator, Director of Nursing, and corporate leadership (if applicable)
- Goal: Generate leadership buy-in and outline how to implement the Toolkit
- Content: Describe the Toolkit, potential benefits of implementation, how to get started, and the different pieces, including:
  - Educational Materials for Care Team and Loved Ones
    - Infection Prevention Handbook
    - Staff Presentation
    - Resource for Residents and Loved Ones
  - Tools for the Clinical Team
    - Observation Guide
    - Customizing Care Tool
    - Suspected Infection Investigation Tool
Head to Toe: Infection Prevention Handbook

- Audience: Care team
- Goal: Explain the connection between ADL care and infections that occur in the mouth, skin and urinary systems
- Content: Best practices and interventions to prevent infections in the mouth, skin, and urinary systems through person-centered ADL care
Head to Toe: Staff Presentation

- **Audience:** Care team
- **Goal:** Supplement the Handbook by highlighting the most important educational information in a verbal, visual, and interactive manner
- **Content:** Modular training materials for use together or in small increments, including case studies and interactive practice activities
Head to Toe: Resource for Residents and Loved Ones

• Audience: Residents and loved ones involved in the resident’s care decisions, such as family members, friends, and representatives

• Goal: Support the nursing home’s infection prevention efforts by educating residents and their loved ones on how they can contribute to an infection-free environment

• Content: Educational information about the connection between infection prevention and mouth, skin, and urinary health, as well as actions residents and loved ones can take to prevent infection
Head to Toe: Observation Guide

- Audience: Licensed nurses and nurse aides
- Goal: Assist nurses and nurse aides in critical thinking around what to observe in order to prevent infections
- Content: Clinical tool that includes a number of prompting questions to help nurses and nurse aides note changes in resident status that might indicate an infection related to the mouth, skin, or urinary tract
Head to Toe: Customizing Care Tool

- Audience: Care team
- Goal: Support care teams in tailoring ADL care to the unique needs and preferences of each resident
- Content: Clinical tool for documentation of resident preferences in order to provide individualized infection prevention care that aligns with unique resident needs and preferences
Head to Toe: Suspected Infection Investigation Tool

- **Audience:** Nurse aides
- **Goal:** Support nurse aides in gathering information to communicate with licensed nurses when an infection is suspected
- **Content:** Clinical tool to support collection of clinical information when an infection is suspected in order to expedite care team communication
DREAM Toolkit for Sleep Improvement
Dementia Care Breakthrough Community: The Journey and What We Learned

- The Breakthrough Community on Dementia Care focused on improving quality of life and care for residents living with dementia and decreasing use of antipsychotics
- Nursing homes in the community attended learning events on staff stability and communication, root cause analysis for resident distress, meaningful activities, and sleep hygiene
- The process highlighted key insights on how nursing homes implement, evaluate, and sustain quality improvement efforts, such as:
  - An interest in sleep hygiene techniques to improve residents’ sleep and quality of life
  - A common challenge in generating staff buy-in for changes regarding care for residents living with dementia
  - A desire for ready-to-use, practical tools that do not require major changes to workflow
Why sleep improvement?

• Almost 70% of adults living with dementia experience sleep disturbances
• Trouble sleeping accelerates cognitive decline and is linked to symptoms, including anxiety and aggression
• Sleep improvement efforts support the physical, mental, and psychosocial well-being of residents living with dementia

The DREAM Toolkit provides non-pharmacological interventions to improve nursing home sleep environments and person-centered approaches to support the highest-quality sleep for each resident
DREAM Toolkit: Implementation Guide

- **Audience**: Nursing home leadership, such as Administrator and Director of Nursing
- **Goal**: Generate leadership buy-in, introduce the DREAM Toolkit, and provide step-by-step instructions for implementation
- **Content**: Overview of the toolkit, why sleep is important, and tips on how to sustain progress and overcome potential barriers

**Step 1: Choose a Champion**
- Identify a Sleep Champion to lead the rollout of the DREAM Toolkit. The Sleep Champion will work with both the leadership team and staff throughout the home to promote sleep improvement. Once you choose a Sleep Champion, they can lead steps 2 through 6. You can also build a Sleep Team to work with the Sleep Champion.
- When Choosing a Sleep Champion:
  - Pick someone with appropriate authority to make decisions and move things forward.
  - Find someone excited to explore new approaches and who can motivate others.
  - Encourage them to collaborate with the full interdisciplinary team.
  - If building a Sleep Team, include staff from different departments and at different levels. Recommend that the team meets regularly moving forward.

**Step 2: Identify Key Areas to Improve Sleep**
- Use the Sleep Environment Improvement Tool to decide where to focus improvement efforts and how to get started. This tool includes a Sleep Environment Scan and also offers practical approaches to improve sleep organized by key areas (e.g., light, noise, airflow).

**Step 3: Educate and Empower Staff**
- The interdisciplinary team, especially nurses and nursing aides, can make immediate changes to support improved sleep. Let staff know about the focus on improving sleep quality and why sleep matters. Give the team the tools and resources they need.
- Everyone Can Make a Difference:
  - Encourage managers to use the Sleep Handbook in huddles.
  - Share the Sleep Matters Video with staff.
  - Distribute the Resident Preferences Tool and support teams to use it.
DREAM Toolkit: Handbook

- Audience: All nursing home staff
- Goal: Explain the importance of sleep for residents living with dementia and what factors affect sleep
- Content: Visual educational material on the importance of sleep, includes strategies to improve sleep quality for residents and can be used as a series of one-pagers
### DREAM Toolkit: Sleep Environment Improvement Tool

#### Audience: Nursing home leadership

#### Goal: Facilitate a scan of the sleep environment, identify areas to focus on, and specific approaches to help with those areas

#### Content: A Sleep Environment Scan and approaches to create a restful environment in the nursing home to promote sleep

<table>
<thead>
<tr>
<th>Sleep Environment Scan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Light</strong></td>
</tr>
<tr>
<td>Are residents offered overnight linens?</td>
</tr>
<tr>
<td>Are bedtimes not set for most residents?</td>
</tr>
<tr>
<td>Are residents able to influence or control their sleeping times?</td>
</tr>
<tr>
<td>Is there regular communication across departments to learn about resident food and drink preferences?</td>
</tr>
</tbody>
</table>

| **Environment** |
| Are hallway lights turned off in resident units overnight? |
| Do blinds or curtains sufficiently block light? |
| Are nightlights available? |
| Is there light in resident areas during the daytime? |
| Is there a schedule for turning lights off and on in common areas? |
| Do staff turn off lights in resident rooms during waking hours? |

| **Can residents bring items from home (e.g., pillows, blankets)?** |
| **Can residents decide on room temperature during the day and night?** |
| **When making room adjustments, are resident sleep preferences considered?** |

**Go to Page 3 for suggested Personal approaches**

**Go to Page 4 for suggested Light approaches**

**Go to Page 5 for suggested Environment approaches**

**Additional Observations:**

<table>
<thead>
<tr>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there opportunities for social interaction?</td>
</tr>
<tr>
<td>Are there opportunities for independent or spontaneous activities?</td>
</tr>
<tr>
<td>Are there opportunities for relaxing activities in the evening?</td>
</tr>
<tr>
<td>Is the resident consulted before setting therapy times?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Noise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are staff conversations kept to a minimum near resident rooms during sleeping hours?</td>
</tr>
<tr>
<td>Is use of bed alarms monitored?</td>
</tr>
<tr>
<td>Do walls and doors block TV or radio noise from being heard in the hallway?</td>
</tr>
<tr>
<td>Do walls and doors block kitchen noises from being heard in resident rooms?</td>
</tr>
<tr>
<td>Are cleaning or maintenance activities avoided during sleep?</td>
</tr>
<tr>
<td>Are monitors of equipment quiet enough to avoid disrupting sleep?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Workflow</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are staff members providing morning medication(s) after residents wake naturally, unless it is medically necessary to wake them?</td>
</tr>
<tr>
<td>Do staff avoid restless nights and other room supplies while residents are sleeping?</td>
</tr>
<tr>
<td>Is breakfast offered at an open schedule or for over or at hour?</td>
</tr>
<tr>
<td>Is nighttime care cleansed when appropriate to avoid waking residents multiple times?</td>
</tr>
<tr>
<td>Are vital sign checks and routine monitoring avoided during sleeping hours?</td>
</tr>
</tbody>
</table>

**Go to Page 6 for suggested Activity approaches**

**Go to Page 7 for suggested Noise approaches**

**Go to Page 8 for suggested Workflow approaches**

**Additional Observations:**
• Audience: Interdisciplinary team, especially nursing and direct-care staff
• Goal: Incorporate educational materials into daily operational workflow and tasks
• Content: Reminders on strategies to promote sleep, designed for staff to carry with them for quick reference and daily use
DREAM Toolkit: Resident Preferences Tool

- **Audience:** Interdisciplinary team, especially nursing and direct-care staff
- **Goal:** Support team in understanding each resident’s personal preferences and needs regarding sleep
- **Content:** Questions to learn more about resident sleep preferences and create individualized bedtime routines, as well as space to note any additional observations about resident preferences
DREAM Toolkit: Sleep Matters Video

- Audience: Nursing home staff and residents’ loved ones
- Goal: Explain the importance of sleep for residents living with dementia
- Content: Changes in the nursing home that can improve sleep for residents living with dementia
Staffing Toolkits for Staff Sufficiency, Competency, and Performance
Recently Released Resources

Beyond the two toolkits that emerged out of the Breakthrough Communities, the CMPRP team also developed three additional toolkits:

- **Nursing Home Staff Competency Assessment** evaluates the behavioral and technical competencies of frontline and management staff
- **Nursing Home Employee Satisfaction Survey** helps management identify areas for improvement
- **Guide to Improving Nursing Home Employee Satisfaction** connects facilities to evidence-based resources to address opportunities for improvement identified through the employee satisfaction survey
# Staff Competency Assessment

<table>
<thead>
<tr>
<th>Component</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructional Manual</td>
<td>Provides an overview of the assessments and includes tools and videos to help implement the assessments and use the results</td>
</tr>
<tr>
<td>Certified Nursing Assistant/Certificated Medication Technician Assessment</td>
<td>Covers behavioral, technical, and resident-based competencies</td>
</tr>
<tr>
<td>Registered Nurse and Licensed Practical/Vocational Nurse Assessment</td>
<td>Covers behavioral, technical, and resident-based competencies</td>
</tr>
<tr>
<td>Administrator, Director of Nursing, and Assistant Director of Nursing Assessment</td>
<td>Covers behavioral and technical skills</td>
</tr>
<tr>
<td>Answer Keys</td>
<td>For use with the paper assessments</td>
</tr>
</tbody>
</table>
# Employee Satisfaction Survey

## Component

<table>
<thead>
<tr>
<th>Component</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey – Available in paper</td>
<td>Helps nursing homes identify the drivers of staff satisfaction and take action to make improvements</td>
</tr>
<tr>
<td>format to preserve staff</td>
<td></td>
</tr>
<tr>
<td>anonymity with 38 questions and</td>
<td></td>
</tr>
<tr>
<td>space for comments</td>
<td></td>
</tr>
<tr>
<td>Implementation Guide</td>
<td>A step-by-step instruction guide provides guidance on how to successfully plan for and use the survey</td>
</tr>
<tr>
<td>Instructional videos for the</td>
<td>Provides an overview of how to use the guide and the tool</td>
</tr>
<tr>
<td>survey and the data analytics</td>
<td></td>
</tr>
<tr>
<td>tool</td>
<td></td>
</tr>
<tr>
<td>Data Analytics Tool – An</td>
<td>Compiles responses and provides easy-to-print views of the highest and lowest areas of staff satisfaction</td>
</tr>
<tr>
<td>Excel workbook that can be used</td>
<td></td>
</tr>
<tr>
<td>to enter data from up to 200</td>
<td></td>
</tr>
<tr>
<td>surveys</td>
<td></td>
</tr>
</tbody>
</table>
# Improving Employee Satisfaction

## Component Purpose

<table>
<thead>
<tr>
<th>Component</th>
<th>Purpose</th>
</tr>
</thead>
</table>
| Guide to Improving Nursing Home Employee Satisfaction | • Resource to help nursing home leadership understand satisfaction growth areas, plan for change, prioritize improvement areas, and take action  
• Includes sample planning documents and staff communications |
Where to Find the New Toolkits

Visit the CMPRP webpage:

• H2T Toolkit for Infection Prevention
• DREAM Toolkit for Sleep Improvement
  • Sleep Matters Video
Additional Information

• The CMPRP tools and resources are not mandatory and using these tools does not guarantee compliance with federal long-term care requirements of participation. The use of the tools is meant to assist facilities in building on a culture of quality.

• We are interested to know what you think about the toolkits and how we can best support your efforts to provide the best care possible to your residents. If you have questions or feedback on the CMPRP or the Toolkits, please email CMP-info@cms.hhs.gov.
National Antipsychotic Medication Use Data

Quarterly Prevalence of Antipsychotic Use for Long-Stay Nursing Home Residents, 2011Q2 to 2019Q2
Regional Antipsychotic Medication Use Data
National Antipsychotic Medication Use Data – Late Adopters

Quarterly Prevalence of Antipsychotic Use for Long-Stay Nursing Home Residents, Late Adopters 2011Q2 to 2019Q2

- Antipsychotic Medication Prevalence
- Reported Quarter
- Start of Partnership
Regional Antipsychotic Medication Use Data – Late Adopters

Quarterly Prevalence of Antipsychotic Use for Long-Stay Nursing Home Residents, Late Adopters 2011Q2 to 2019Q2

Antipsychotic Medication Prevalence

0.0% 5.0% 10.0% 15.0% 20.0% 25.0% 30.0%

Start of Partnership

Reported Quarter

Region 01 Region 02 Region 03 Region 04 Region 05
Region 06 Region 07 Region 08 Region 09 Region 10

CMS Medicare Learning Network
Dementia Care Resource Website

National Partnership – Dementia Care Resources

The National Partnership to Improve Dementia Care in Nursing Homes (the National Partnership) is committed to improving the quality of care for individuals with dementia living in nursing homes. The National Partnership has a mission to deliver health care that is person-centered, comprehensive and interdisciplinary with a specific focus on protecting residents from being prescribed antipsychotic medications unless there is a valid, clinical indication and a systematic process to evaluate each individual’s need.

Below is a list of dementia care resources broken down into several categories. Click on the associated link to access a specific category of resources.

**Handouts & Tools**
**Assessments & Practice Guidelines**
**Initiatives & Innovations**
**Research**
**Trainings & Webinars**
**Websites**
**Articles**

**Handouts & Tools**
- Developing a Person-Centered Person-Centered Environment Action Manual (PDF) Toolkit (ZIP)
- Sleep Matters Video: https://youtu.be/29M9R8cXhU

A tool kit that offers education and person-centered, practical interventions that nursing home administrators, directors of nursing, and bedside staff can implement to promote high-quality sleep for residents living with dementia.

- Encouraging Comfort Care: A Guide for Families of People with Dementia Living in Care Facilities

A booklet that provides useful information to families and long-term care facilities personnel about Alzheimer’s disease and related dementia.

- Managing Challenging Behaviors
Question & Answer Session
Thank You – Please Evaluate Your Experience

Share your thoughts to help us improve – Evaluate today’s event

Visit:

• MLN Events webpage for more information on our conference call and webcast presentations
• Medicare Learning Network homepage for other free educational materials for health care professionals
• National Partnership webpage for more information about the National Partnership

Contact the National Partnership:

• dnh_behavioralhealth@cms.hhs.gov

The Medicare Learning Network® and MLN Connects® are registered trademarks of the U.S. Department of Health and Human Services (HHS).