# Project: C.2 Q16 Qual Analysis S&C

Report created by abrothersen on 4/8/2019

**Code Report**

Selected codes (65)

**○ 1-Stars**

**1 Quotations:**

**5:8 A revisit of nursing home Star ratings reflects that 75% of the One St…… (2179:2391) - D 5: SC-Atlantic**

A revisit of nursing home Star ratings reflects that 75% of the One Star facilities have improved Star ratings over the Collaborative II period; Forty-six percent achieved 3-5 Star ratings during this time period.

**○ Antibiotic Stewardship**

**6 Quotations:**

**5:6 \*This quarter, AQIN-SC continued to focus additional educational and c…… (62:1024) - D 5: SC-Atlantic**

\*This quarter, AQIN-SC continued to focus additional educational and coaching efforts toward supporting nursing homes' successful implementation of Phase 2 and readiness for Phase 3 Requirements associated with Antibiotic Stewardship and Infection Prevention and Control. South Carolina’s Department of Health and Environmental Control (SC DHEC) continued to collaborate further with AQIN-SC on education topics related to infection prevention and control and antibiotic stewardship by doing a webinar for nursing homes on hand hygiene practices with 56 nursing homes attending and 71 participants; evaluations demonstrated 100% excellent ratings by participants. Additional webinars are being co-planned late summer/early fall as a pre-work launch of an intensive training offered by SC DHEC to infection preventionists, based on the Association for Professionals in Infection Control and Epidemiology (APIC) learning modules, along with exam and certificate.

**7:7 continued tweaks to infection and antibiotic use tracker to meet needs…… (742:1077) - D 7: ND- Great Plains**

continued tweaks to infection and antibiotic use tracker to meet needs of facilities and foster antibiotic stewardship efforts - have been meeting with staff of ND Health Information Network to explore improved interoperability between tracker & NH EHRs; have met with psych providers in Grand Forks to explore "Mental Health First Aid"

**33:7 On-site assistance continues to be provided to facilities in the areas…… (407:971) - D 33: ID-Qualis Health**

On-site assistance continues to be provided to facilities in the areas of reducing antipsychotic medications, NHSN, AMS, and infection prevention and control. Assistance includes promoting backup NHSN users to maintain continuity in users when NHSN administrator leaves the facility, proper documentation of c-diff and UTI events, proper prodecures for submitting appropriate samples for lab testing, and measures staff can take to reduce c-diff infections in the facility, use of SBAR communication tools for staff to communicate concerns to resident's physician.

**40:4 Composite score improvements were a bigger focus by encouraging use of…… (53:545) - D 40: AR-TMF**

Composite score improvements were a bigger focus by encouraging use of the TMF quality measures videos for CASPER and composite score reports. Use of the CDC website for infection control and antibiotic stewardship programs, as well as overall quality improvement was encouraged also. For the CDI project, QI staff continue to perform outreach, keep lines of communication open and ask how we can provide assistance to facilitate NHSN reporting without it becoming a burden to the facilities.

**42:9 During visits, readmissions, antibiotic stewardship and pain managemen…… (613:1025) - D 42: OK-TMF**

During visits, readmissions, antibiotic stewardship and pain management, as well as other health related conditions that affect residents in long term care, were discussed. Resources provided to homes during this quarter included QM Tip Sheets, sample PIP forms, activity director’s checklist, information to track falls and resources to review and evaluate resident’s triggering for low risk bowel and bladder.

**44:9 The CO C2 team has also presented on various aspects of antibiotic ste…… (1342:1661) - D 44: CO-Telligen**

The CO C2 team has also presented on various aspects of antibiotic stewardship in person and via national webinars. The team has been invited to present at the fall CHCA conference on the topic. These presentations align with the C2/C3 collaborative work in a Denver community working to reduce CDI in hospitals and NHs.

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**○ Antipsychotics**

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Continue to struggle with reduction in a/p med rates. Challenge being faced by many ND nursing homes is need for psychiatric care that staff is not adequately trained for and severe shortage of psych care providers in our state. Hearing anecdotal reports of the few psych providers that do come out to facilities and round with residents being increasingly likely to add a/p meds as a first step in treatment and very rarely being open to concerns of nursing home staff regarding these prescriptions. We continue to offer and provide support to meet needs for person-centered, individualized care as much as able and work with stakeholders throughout the state trying to meet the ever increasing needs of mental health, as well as efforts to improve dementia care, mental health care and appropriate a/p rates as noted above. Current efforts are focused on individual site visits (in person as much as able) to aid facilities in understanding where the data from the QMs comes from and exploring improvements efforts in completion of the MDS as well as support for improved care that will be reflected in improved QMs. We continue monthly enews items featuring MDS tips to assure accurate coding and deep dives into data for facilities that are struggling with QMs as well as facility success stories to spread improvement strategies.

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Quite possibly the antipsychotic letter campaign in December 2017, increased site visits, increased publicity, and outreach by GPQIN SD medical director to fellow medical director colleagues may have contributed to 2018 Q1 showing a 3% relative rate of decrease from 2017 Q4 in the antispsychotic long stay quality measure. Efforts this quarter explored how to further assist nursing home front line staff in improving dementia care which ultimately may have an impact on reducing unnecessary antipsychotic medication usage. One of South Dakota’s nursing homes attended a dementia training that GPQIN KS C2 Team conducted in Kansas. This home was excited with the information heard in Kansas and requested presenter Brenda Groves to come to their facility. Discussions between GPQIN KS and GPQIN SD garnered leadership approval to offer the dementia care practices curriculum from the National Council of Certified Dementia Practitioners (NCCDP) in SD with master trainer, Brenda Groves of GPQIN KS to conduct the training. This one day training session will be offered in three locations across South Dakota on August 28, 29, 30. We are calling this the I90 Road Show: Dementia Certification Training as the locations are right off Interstate 90. The training is intended for nursing home frontline staff (nursing assistants, nurses) but is appropriate for all departments that work with dementia. Upon completion, attendees will be eligible to apply for national credentialing as a certified dementia practitioner (CDP). Three hundred registrations have been received from various disciplines (nursing homes, social workers, physician, nurse practitioner, nursing college instructor, pharmacist, occupational and physical therapy, home health, hospitals, assisted living, ombudsman and state surveyors). All three sessions /locations were completely full within 15 days of the online registration going live. GPQIN SD has been overwhelmed by the positive response and interest generated from this training opportunity. Should the training receive the thumbs up from participants, efforts will focus on getting several South Dakotans trained as master trainers so that this training could be offered more frequently. And as for that nursing home that started that started this activity, they have signed up twenty four staff members to take the training.

**9:8 The QIO is part of a sub-committee of the SD Dementia Coalition which…… (3337:4745) - D 9: SD-Great Plains**

The QIO is part of a sub-committee of the SD Dementia Coalition which is supporting Music and Memory South Dakota and launched April 2018. The QIO also participates on the state Alzheimer's Dementia workgroup. This group is developing an Alzheimer’s Disease and Related Dementia state plan to be presented to 2019 state legislature. South Dakota is one of four states that do not have a state Alzheimer's/ Dementia plan. It is hoped that both projects along with the I90 Road Show Dementia Certification Training will be contributing factors in lowering the use of unnecessary antipsychotic medications and improve dementia care not only in nursing homes but overall in South Dakota. With that being said, it is likely that these activities will not have an immediate impact in achieving the 11th Scope of Work evaluation metric of decreasing statewide antipsychotic long stay quality measure in nursing homes to a 15% relative rate reduction from the baseline. Reducing antipsychotics require gradual dose reductions and can be a long process to complete antipsychotic discontinuation. Could South Dakota be already as low as we can be? Nursing home census figures have decreased and there is an increase in residents with long standing behavioral issues including addictions that make up part of the nursing home population. These are a few of the issues GPQIN SD and South Dakota are wrestling.

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**16:8 The Half-Hour Hot Topics series on antipsychotic use continues to be w…… (803:1016) - D 16: NM- HealthInsight**

The Half-Hour Hot Topics series on antipsychotic use continues to be well received, with several providers indicating the sessions have been helpful to their reduction efforts and staff education on dementia care.

**16:12 C2 lead was informed of provider fatigue with a heightened focus on An…… (2556:3122) - D 16: NM- HealthInsight**

C2 lead was informed of provider fatigue with a heightened focus on Antipsychotic Reduction over the past 6-12 months and anxiety with the anticipated financial impacts of the value-based purchasing performance period for certain homes. QIO continues to work in partnership with the NM Health Care Association to develop training topics and activities meaningful to providers. C2 lead is partnering with other task leads to align work (and reduce redundancy) pertaining to readmissions, quality measures, infection control, antipsychotic use and prescribing patterns.

**17:5 Maintaining the reduction in the use of antipsychotic medications in n…… (582:1334) - D 17: NV-HealthInsight**

Maintaining the reduction in the use of antipsychotic medications in nursing homes has been a challenge for several reasons. One strategy the QIO was promoting was the Music and Memory program provided by the Perry Foundation. Funding for this program has ended and continuation by the nursing homes that were already trained is uncertain. The QIO has engaged the Nevada Health Care Association CEO to bring the importance of appropriate use of antipsychotic medications to the attention of the owners and leadership of the nursing homes. Having this level of support and buy-in for the need to address the use may impact the ability of nursing home clinical staff to engage physicians/psychiatrists in evaluating their use of antipsychotic medications.

**19:6 Delivery of quality measure reports in person to facility leadership h…… (63:699) - D 19: UT-HealthInsight**

Delivery of quality measure reports in person to facility leadership has been a successful method for outreach to the nursing homes. During these report delivery visits, the reports are reviewed and technical assistance is provided to assist nursing home leaders with improving the facility composite score by implementing the antipyschotic reduction toolkit found on the QIO website, and ensuring accurate documentation in the MDS. The nursing facility administrator at Canyon Rim stated that the reports are of great value with regard to how the facility focuses its efforts, and if it were possible they would welcome a monthly report

**26:7 To promote the reduction of inappropriate antipsychotic medication use…… (946:1786) - D 26: MIMNWI-Lake Superior**

To promote the reduction of inappropriate antipsychotic medication use, the QIN QIO: • Created and disseminated a flier for nursing homes to share with other settings of care. This flier explained why nursing homes care about reducing the use of these medications and how providers can help • Shared antipsychotic medication reduction strategies via webinars, learning events, tools and resources • To assist nursing homes in measuring success, shared antipsychotic medication use data. As of 12/31/2017, a 17.5 % RIR has been achieved by nursing homes located in the QIN QIO states from the CMS baseline (1/1/13 - 12/31/13). While the QIO specifically: • Provided individualized technical assistance to nursing homes on the CMS “late adopter” list • Developed and held three regional AP workshops to target NH's with high AP rates

**26:11 Because nursing homes in the QIN QIO states have comparatively low rat…… (3583:4486) - D 26: MIMNWI-Lake Superior**

Because nursing homes in the QIN QIO states have comparatively low rates of antipsychotic medication use, it is a challenge to reduce these rates further. Nursing homes with higher rates shared that they have an increase in younger NH residents without an exclusion diagnosis, lack provider engagement, have high turnover among leadership and front line staff, and referring hospitals and post-acute providers have a lack of understanding regarding LTC regulations. To assist NHs in providing better care for these residents, the QIN QIO provided individualized TA to nursing homes with high rates and shared webinars, learning events, and resources that addressed strategies to reduce the use of these medications. The QIN QIO also created and disseminated a flier for NHs to share with organizations across settings of care which included information on the importance of reducing AP medications. •

**31:6 Last quarter we had Dr. Al Power talk with several physicians to try a…… (66:633) - D 31: MT- Mountain Pacific**

Last quarter we had Dr. Al Power talk with several physicians to try and assist in reducing MTs antipsychotic use. It will take time for successful GDRs; however, we are optimistic that rates will decline. We were invited to provide (Positive Approach to Care) training to staff at the MT Behavioral Health Unit (a provider who prescribes significant antipsychotics) last month. This facility for years was uninterested in meeting with us. The training was well received and they have already requested we schedule a follow-up review with their staff in December.

**31:7 The University of Kansas recently reached out to the MT C.2 lead and a…… (637:1211) - D 31: MT- Mountain Pacific**

The University of Kansas recently reached out to the MT C.2 lead and asked if we would be interested in participating in their study - CHATO, reducing elder-speak and using appropriate communication with elders. The results in Kansas showed significant antipsychotic reduction and quality improvement. Montana's C.2 lead encouraged the NHs to join this study (especially those with higher antipsychotic rates) and several have done so. It will take time to see the results as CHATO is recruiting then seeking funding before beginning their study here and in other states.

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The antipsychotic Quality Measure is a flawed metric for appropriate antipsychotic use (not specific enough to reflect dementia care and penalizes facilities for admitting residents already on antipsychotics), but we overcome that challenge by emphasizing the best practice standards for identifying, prioritizing, and implementing person-centered alternatives to antipsychotics for behavioral and psychological symptoms of dementia. Nursing homes can take credit for performing excellent work in this area, even if their antipsychotic Quality Measure does not capture the good work they do, by tracking alternative outcome measures such as the number of successful Gradual Dose Reductions and number of antipsychotic discontinuations among residents with Behavioral and Psychological Symptoms of Dementia, especially among those who were admitted with an antipsychotic already prescribed.

**34:6 Qualis Health WA remains focused on quality improvement for the two Qu…… (63:975) - D 34: WA- Qualis Health**

Qualis Health WA remains focused on quality improvement for the two Quality Measures that affect more nursing home residents than any other Quality Measures, namely long-stay antipsychotics and low-risk incontinence. We have reorganized our website and added new resources for both dementia care and low-risk incontinence and continue to promote the use of evidenced-based resources through bi-weekly “Office Hours”. We have also presented on-site to nursing home teams to promote the adoption of prompted voiding and presented at WHCA annual convention on both these topics. We have also reached out by telephone to the identified “late adopter” list of nursing homes to make them aware of resources available for antipsychotic reduction and to understand what the drivers of high antipsychotic rates. In one case, we helped a rural nursing home identify mental health resources that could serve their clients.

**42:6 QIN staff continued to provide technical assistance via WebEx with an…… (53:196) - D 42: OK-TMF**

QIN staff continued to provide technical assistance via WebEx with an increased focus on residents that trigger for antipsychotic medications.

**44:6 The CO Dementia Partnership continues to be a strong collaborative wit…… (58:494) - D 44: CO-Telligen**

The CO Dementia Partnership continues to be a strong collaborative with goals to reduce unnecessary antipsychotic medications and to improve overall care for nursing home residents with dementia. The collaborative has partnered with the Colorado Healthcare Association (CHCA) to present two educational sessions at the upcoming conference and is developing resources to assist homes with successful management of the psych pharm meeting.

**46:6 Illinois continues to exceed the 15% RIR goal for reducing antipsychot…… (58:244) - D 46: IL-Telligen**

Illinois continues to exceed the 15% RIR goal for reducing antipsychotic medications in nursing homes and continues to improve in the number of homes achieving the composite score goal.

**● Antipsychotics COOC ZTask\_Qtrly\_Challenges**

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To promote the reduction of inappropriate antipsychotic medication use, the QIN QIO: • Created and disseminated a flier for nursing homes to share with other settings of care. This flier explained why nursing homes care about reducing the use of these medications and how providers can help • Shared antipsychotic medication reduction strategies via webinars, learning events, tools and resources • To assist nursing homes in measuring success, shared antipsychotic medication use data. As of 12/31/2017, a 17.5 % RIR has been achieved by nursing homes located in the QIN QIO states from the CMS baseline (1/1/13 - 12/31/13). While the QIO specifically: • Provided individualized technical assistance to nursing homes on the CMS “late adopter” list • Developed and held three regional AP workshops to target NH's with high AP rates

**31:6 Last quarter we had Dr. Al Power talk with several physicians to try a…… (66:633) - D 31: MT- Mountain Pacific**

Last quarter we had Dr. Al Power talk with several physicians to try and assist in reducing MTs antipsychotic use. It will take time for successful GDRs; however, we are optimistic that rates will decline. We were invited to provide (Positive Approach to Care) training to staff at the MT Behavioral Health Unit (a provider who prescribes significant antipsychotics) last month. This facility for years was uninterested in meeting with us. The training was well received and they have already requested we schedule a follow-up review with their staff in December.

**31:7 The University of Kansas recently reached out to the MT C.2 lead and a…… (637:1211) - D 31: MT- Mountain Pacific**

The University of Kansas recently reached out to the MT C.2 lead and asked if we would be interested in participating in their study - CHATO, reducing elder-speak and using appropriate communication with elders. The results in Kansas showed significant antipsychotic reduction and quality improvement. Montana's C.2 lead encouraged the NHs to join this study (especially those with higher antipsychotic rates) and several have done so. It will take time to see the results as CHATO is recruiting then seeking funding before beginning their study here and in other states.

**33:7 On-site assistance continues to be provided to facilities in the areas…… (407:971) - D 33: ID-Qualis Health**

On-site assistance continues to be provided to facilities in the areas of reducing antipsychotic medications, NHSN, AMS, and infection prevention and control. Assistance includes promoting backup NHSN users to maintain continuity in users when NHSN administrator leaves the facility, proper documentation of c-diff and UTI events, proper prodecures for submitting appropriate samples for lab testing, and measures staff can take to reduce c-diff infections in the facility, use of SBAR communication tools for staff to communicate concerns to resident's physician.

**34:6 Qualis Health WA remains focused on quality improvement for the two Qu…… (63:975) - D 34: WA- Qualis Health**

Qualis Health WA remains focused on quality improvement for the two Quality Measures that affect more nursing home residents than any other Quality Measures, namely long-stay antipsychotics and low-risk incontinence. We have reorganized our website and added new resources for both dementia care and low-risk incontinence and continue to promote the use of evidenced-based resources through bi-weekly “Office Hours”. We have also presented on-site to nursing home teams to promote the adoption of prompted voiding and presented at WHCA annual convention on both these topics. We have also reached out by telephone to the identified “late adopter” list of nursing homes to make them aware of resources available for antipsychotic reduction and to understand what the drivers of high antipsychotic rates. In one case, we helped a rural nursing home identify mental health resources that could serve their clients.

**42:6 QIN staff continued to provide technical assistance via WebEx with an…… (53:196) - D 42: OK-TMF**

QIN staff continued to provide technical assistance via WebEx with an increased focus on residents that trigger for antipsychotic medications.

**44:6 The CO Dementia Partnership continues to be a strong collaborative wit…… (58:494) - D 44: CO-Telligen**

The CO Dementia Partnership continues to be a strong collaborative with goals to reduce unnecessary antipsychotic medications and to improve overall care for nursing home residents with dementia. The collaborative has partnered with the Colorado Healthcare Association (CHCA) to present two educational sessions at the upcoming conference and is developing resources to assist homes with successful management of the psych pharm meeting.

**46:6 Illinois continues to exceed the 15% RIR goal for reducing antipsychot…… (58:244) - D 46: IL-Telligen**

Illinois continues to exceed the 15% RIR goal for reducing antipsychotic medications in nursing homes and continues to improve in the number of homes achieving the composite score goal.

**○ Burnout/ Fatigue**

**1 Quotations:**

**16:12 C2 lead was informed of provider fatigue with a heightened focus on An…… (2556:3122) - D 16: NM- HealthInsight**

C2 lead was informed of provider fatigue with a heightened focus on Antipsychotic Reduction over the past 6-12 months and anxiety with the anticipated financial impacts of the value-based purchasing performance period for certain homes. QIO continues to work in partnership with the NM Health Care Association to develop training topics and activities meaningful to providers. C2 lead is partnering with other task leads to align work (and reduce redundancy) pertaining to readmissions, quality measures, infection control, antipsychotic use and prescribing patterns.

**○ Celebrate success**

**1 Quotations:**

**20:4 The New England QIN-QIO’s media campaign continues to gain momentum. T…… (72:1017) - D 20: CTMAMENHVT-Healthcentric Advisors**

The New England QIN-QIO’s media campaign continues to gain momentum. Those nursing homes that are part of the New England Nursing Home Quality Care Collaborative are sharing their successes stories. The homes are posting and tagging the New England QIN-QIO using the hashtag #wecommit2quality. Additionally, in acknowledgement of their successes as a result from participating in the Collaborative, a Collaborative awards program was announced. The criteria are to submit a success story that highlights a positive story that resulted in their participation in the Collaborative. The winners will be selected and announced later this year. As the stories are received, the QIN-QIO, will review and compile each success to include in a resource of best practices and tools to share with collaborative participants. These success stories will also be highlighted in Collaborative communications and as part of the overall social media campaign.

**○ Collaborative Benefits**

**2 Quotations:**

**3:6 The use of the collaborative framework continues to provide a platform…… (62:489) - D 3: DC-Atlantic**

The use of the collaborative framework continues to provide a platform for networking and education. The collaborative method keeps teams engaged at their level of participation based on available people and time resources. Teams are recognized at face to face learning sessions for successes achieved and given opportunities to present their successes to peers. Participants verbalize peer sharing to be a valuable experience.

**3:8 The collaborative quality improvement method has resulted in positive…… (792:1458) - D 3: DC-Atlantic**

The collaborative quality improvement method has resulted in positive outcomes for this task work. Successes to date: • AntipsychotiUse relative improvement rate is 31.7% (Source:NCC progress report #15) • Ditrict currently ranks number 3 nationally for greatest reduction since start of National Partnership for Dementia Care Campaign. (Campaign's most recent report) • Seventy-eight percen(78%) t of teams have achieved a composite score of 6.00 or lower (Source: NCC composite score report ending 12/31/2017). • Forty percen(40%) t of the District's nursing homes are enrolled in National Healthcare Safety Network (NHSN) and submitting monthly NHSN data.

**○ Communication-Contacts**

**3 Quotations:**

**18:7 It continues to be a challenge to update the QIO's contact database to…… (822:1250) - D 18: OR-HealthInsight**

It continues to be a challenge to update the QIO's contact database to make sure new leaders are receiving our emails and announcements of events. Phone calls are made prior to events in case leadership has changed. Often it is challenging to get through their phone system to even leave a message for the right person. QIO staff have asked the state for updated lists of leaders but their system is often several months behind.

**30:5 NH leadership and staffing changes have made it difficult to maintain…… (187:382) - D 30: HI-Mountain Pacific**

NH leadership and staffing changes have made it difficult to maintain NH participation in initiatives. It's important to have timely notification of facility staff updates and contact information.

**41:10 Many homes have soldiered through staff reductions, changes, and resig…… (1207:1523) - D 41: MO-TMF**

Many homes have soldiered through staff reductions, changes, and resignations this quarter. It is a challenge to keep contacts current, and often requires several, repeated phone calls. All but two homes in one corporation were sold, resulting in new email addresses that were not provided when the emails bounced.

**○ Competing Priorities**

**5 Quotations:**

**3:9 An ongoing challenge that impacts quality improvement progress in this…… (1482:1718) - D 3: DC-Atlantic**

An ongoing challenge that impacts quality improvement progress in this task is nursing home teams working with limited people resources and competing priorities. Their duties and responsibilities take priority over QIN-QIO initiatives.

**41:9 The QIO remains mindful of the time constraints faced by the NH staff,…… (1083:1204) - D 41: MO-TMF**

The QIO remains mindful of the time constraints faced by the NH staff, and looks for ways to offer value to their efforts.

**43:8 Lack of preparation and competing priorities (such as the new regulati…… (2610:2786) - D 43: TX-TMF**

Lack of preparation and competing priorities (such as the new regulations) prevent the nursing home(s) from progressing through both the meetings and quality improvement goals.

**50:8 While atom has met the reporting goal for C.2.10, CDI NH NHSN Reportin…… (1478:1774) - D 50: MS-atom Alliance**

While atom has met the reporting goal for C.2.10, CDI NH NHSN Reporting continues to be an area of concern surrounding sustainability with continuous reporting from January through September 2018. This is due to NHSN administrator turnover and competing priorities with Phase II LTC requirements.

**51:5 While atom has met the reporting goal for C.2.10, CDI NH NHSN Reportin…… (1170:2937) - D 51: TN-atom Alliance**

While atom has met the reporting goal for C.2.10, CDI NH NHSN Reporting continues to be an area of concern surrounding sustainability with continuous reporting from January through September 2018. This is due to NHSN administrator turnover, as well as, competing priorities with Phase II LTC requirements. atom Alliance continues to utilize an internal standardized workflow to track and monitor cohort CDI data entry. Part of the standardized workflow is for all states to utilize a Smart Sheet reporting log to document and closely track the number of NHs reporting per month, the number of NHSN Administrative turnovers per month and the number of multi users per facility. The NCC provides all QINs with a monthly NHSN data entry report, unfortunately, these reports are not always timely which validates the need for a more timely internal report that will equip the atom QI Advisors with real time information in providing data entry reminders and technical assistance ahead of deadlines. To anticipate user guidance, NHSN rights for all five atom states were conferred to the C2 task State Director so that NHSN data can be exported in real time and create a useable report that allows atom staff to see NH data entry status. The report also includes who has or has not logged into the NHSN system with time stamps and when additional NHSN users have been added. Another anticipated burden to document this quarter surrounds the new Participation and Consent agreement deadline. This will require the current NH NHSN Administrator to sign the new agreement by July 9th, 2018 or risk losing their current access to NHSN. atom QI Advisors will maintain routine communication with cohort NH users to ensure they have completed this new requirement by the due date.

**○ Corporate-engagement**

**2 Quotations:**

**16:7 Notable over the last 2 quarters is an increasing presence of corporat…… (579:802) - D 16: NM- HealthInsight**

Notable over the last 2 quarters is an increasing presence of corporate representatives, previously less engaged facilities and different facility roles in QIO events, as well as positive response to QIO's offer of support.

**41:8 QIN QIO staff also worked with homes to improve their quality measures…… (642:1059) - D 41: MO-TMF**

QIN QIO staff also worked with homes to improve their quality measures; with this focused effort, the evaluation goal for composite scores has been met and exceeded. To maintain a good working relationship with several corporations, the QIO honors their request to be informed of any future directed tasks to their homes, to make sure there is no conflicting information or duplication that would confuse their homes.

**○ Cross Task**

**3 Quotations:**

**14:6 Finally, HSAG collaborates QIN-wide and across tasks to sustain Cohort…… (554:745) - D 14: FL-HSAG**

Finally, HSAG collaborates QIN-wide and across tasks to sustain Cohort participation in the Clostridium-difficile Infection (CDI) Reporting and Reduction initiative and NHSN Monthly Reporting.

**32:6 We are excited on the launch of our mini-(sprint)collaborative on redu…… (415:630) - D 32: WY-Mountain Pacific**

We are excited on the launch of our mini-(sprint)collaborative on reducing avoidable hospital admissions/readmissions as this is the first time most WY NHs have participated in a cross-state/cross-task collaborative.

**44:9 The CO C2 team has also presented on various aspects of antibiotic ste…… (1342:1661) - D 44: CO-Telligen**

The CO C2 team has also presented on various aspects of antibiotic stewardship in person and via national webinars. The team has been invited to present at the fall CHCA conference on the topic. These presentations align with the C2/C3 collaborative work in a Denver community working to reduce CDI in hospitals and NHs.

**○ Data-reports**

**6 Quotations:**

**3:7 Excel tracking tools that create graphs have been provided to monitor…… (602:709) - D 3: DC-Atlantic**

Excel tracking tools that create graphs have been provided to monitor their selected collaborative topics.

**4:4 A promising strategy related to our infection control (c.difficile) ta…… (62:863) - D 4: NY-Atlantic**

A promising strategy related to our infection control (c.difficile) task work is the development and use of an electronic tracking tool. We developed an electronic infection control worksheet to assist nursing homes with tracking and trending infections in their facility. With the combination of both the infection and antibiotic tracking within the same tool, a facility has the opportunity to maintain one tool that will provide “real time” infection control data. With the simple entry of information relative to each infection and/or prescribed antibiotic, the data is instantaneously summarized for not only the entire facility, but the data can be drilled down by as many as 10 separate “user-defined” locations (units, wings, floors, etc.) each with its own data summary and supporting graphs.

**43:6 QI staff also provided data correlation explanations for the various r…… (790:1282) - D 43: TX-TMF**

QI staff also provided data correlation explanations for the various reports to assist in the translation of data into quality improvement opportunities; composite score and quality measure reports, five star ratings, nursing home compare, incident reports and concurrent data are examples of the data discussed. During this interaction, QI staff also facilitated discussions pertaining to QI targets, development of systems for these goals, and referred to the QIN-QIO website resources.

**47:7 NHs are coached on use of these reports, as well as, their CASPER repo…… (938:1871) - D 47: AL-atom Alliance**

NHs are coached on use of these reports, as well as, their CASPER reports thereby building capacity for the NHs to make data driven changes to their QAPI efforts. Alabama also continues monthly dissemination and reminder of QAPI Self Assessment to all nursing homes that have not completed the initial assessment in an effort to help guide and direct nursing home teams in the implementation of QAPI and PIP Team development within their organization. This intervention continues to yield positive results in QAPI Self Assessments returned. Per the latest AP medication dataset (Q4Y17), AL has achieved a 16.8% RIR reduced from baseline rate of 22.37 (2013, 4-quarter aggregate) to most recent 18.62%. Additionally, 59% of AL recruited nursing homes have achieved the composite measure of 6.00 which exceeds the expected 50% evaluation measures for 2019. The QIN-QIO is consistently working with providers for the C.28 NHSN reporting.

**49:6 Improvements around the composite score measure shows that 551 of the…… (269:1164) - D 49: KY-atom Alliance**

Improvements around the composite score measure shows that 551 of the 1172 (47%) recruited providers have met the Composite Score Measure goal of 6.00 or less. Two of the 5 atom Alliance states have already met or exceeded the final 2019 evaluation measure of 50% RTN for this goal. The QIN QIO achieved these goals by various webinars offered throughout the LSSCC Collaboratives I and II. Also, quarterly progress reports based on the 13 quality measures that make up the composite score are being sent to the participating nursing homes. NHs are coached on use of these reports, as well as, their CASPER reports thereby building capacity for the NHs to make data driven changes to their QAPI efforts. Another success achieved this quarter includes the QIN QIO consistently working with providers for the C.2.8 NHSN reporting. As of May, 72% of the Cohort has reported data for Jan to Apr 2018.

**51:6 Improvements around the composite score measure shows that 551 of the…… (245:943) - D 51: TN-atom Alliance**

Improvements around the composite score measure shows that 551 of the 1172 (47%) recruited providers have met the Composite Score Measure goal of 6.00 or less. Two of the 5 atom Alliance states have already met or exceeded the final 2019 evaluation measure of 50% RTN for this goal. The QIO achieved these goals by various webinars offered throughout the LSSCC Collaboratives I and II. Also, quarterly progress reports based on the 13 quality measures that make up the composite score are being sent to the participating nursing homes. NHs are coached on use of these reports, as well as, their CASPER reports thereby building capacity for the NHs to make data driven changes to their QAPI efforts.

**○ Dementia**

**3 Quotations:**

**6:6 We held one live Learning Sessions this quarter on May 3, 2018 in Wich…… (380:1226) - D 6: KS-Great Plains**

We held one live Learning Sessions this quarter on May 3, 2018 in Wichita, KS. This training was adapted slightly and included a two hour session on Infection Control in addition to the Dementia training/Best Practice review and the QAPI Boot Camp training. This session was well attended with positive evaluation results. One home from South Dakota attended this session and then requested additional training therefore South Dakota and Kansas have partnered to bring the dementia education to South Dakota. Kansas C2 lead will facilitate three dementia sessions in South Dakota the week on August 27th. We have also seen an increase in webinar attendance this quarter. One tactic that was adapted this quarter was to send educational session information in a separate email than the weekly E-news. Since this change, participation has improved.

**9:6 Efforts this quarter explored how to further assist nursing home front…… (387:2429) - D 9: SD-Great Plains**

Efforts this quarter explored how to further assist nursing home front line staff in improving dementia care which ultimately may have an impact on reducing unnecessary antipsychotic medication usage. One of South Dakota’s nursing homes attended a dementia training that GPQIN KS C2 Team conducted in Kansas. This home was excited with the information heard in Kansas and requested presenter Brenda Groves to come to their facility. Discussions between GPQIN KS and GPQIN SD garnered leadership approval to offer the dementia care practices curriculum from the National Council of Certified Dementia Practitioners (NCCDP) in SD with master trainer, Brenda Groves of GPQIN KS to conduct the training. This one day training session will be offered in three locations across South Dakota on August 28, 29, 30. We are calling this the I90 Road Show: Dementia Certification Training as the locations are right off Interstate 90. The training is intended for nursing home frontline staff (nursing assistants, nurses) but is appropriate for all departments that work with dementia. Upon completion, attendees will be eligible to apply for national credentialing as a certified dementia practitioner (CDP). Three hundred registrations have been received from various disciplines (nursing homes, social workers, physician, nurse practitioner, nursing college instructor, pharmacist, occupational and physical therapy, home health, hospitals, assisted living, ombudsman and state surveyors). All three sessions /locations were completely full within 15 days of the online registration going live. GPQIN SD has been overwhelmed by the positive response and interest generated from this training opportunity. Should the training receive the thumbs up from participants, efforts will focus on getting several South Dakotans trained as master trainers so that this training could be offered more frequently. And as for that nursing home that started that started this activity, they have signed up twenty four staff members to take the training

**29:7 Another promising strategy for the C.2 task is the collaboration with…… (379:854) - D 29: AK-Mountain Pacific**

Another promising strategy for the C.2 task is the collaboration with the SSA and Alzheimerâ€™s Resource of Alaska to use CMP funds for providing dementia certification training for each nursing home.Â In September, all 18 ANHTs will be sending staff to Anchorage for a 3-day certification workshop (Teepa Snow â€“ Positive Approach to Care).Â This dementia training truly transforms practice and will have a significant impact on the residents in Alaskaâ€™s nursing homes.

**○ Education-CDI**

**2 Quotations:**

**5:7 AQIN-SC also introduced its Nutrition Pathway for Clostridium diffici…… (1028:2175) - D 5: SC-Atlantic**

AQIN-SC also introduced its Nutrition Pathway for Clostridium difficile Infection (CDI) Colitis in Long-Term Care to other QIN/QIOs in the Quality Inc. National Call, added the tool to the Healthcare Communities C.2 Tools and Resources, and conducted a webinar on use of the tool. Seven other QIN/QIOs participated in the webinar, along with dietary managers, registered dietitians, infection preventionists, directors of nursing and nurses from the state mental health long-term care facilities. AQIN-SC continues to seek new avenues to address CDI infections and expand knowledge within the nursing home staff on this serious infection beyond those cohort facilities in the National Healthcare Safety Network (NHSN) CDI initiative. Subsequently the tool was also shared with the SC Hospital Association for distribution. A caregiver/patient-centered companion tool is under development which will be shared not only with nursing homes but also with other setting providers, including primary care. Input and edits will be sought from AQIN-SC's Community Advisory Panel comprised of beneficiary/caregivers prior to finalization and distribution.

**16:9 The multi-state team has started to use this format to provide a serie…… (1017:1497) - D 16: NM- HealthInsight**

The multi-state team has started to use this format to provide a series of trainings on CDI prevention and management. QIO's partnership with the UNM-ECHO project is a promising collaboration for improving care and reducing rehospitalizations. Metrics chosen for project intervention (pain, infection prevention and behavioral health) are among the top drivers of New Mexico's composite scores, and it's expected the project will allow for rapid gains for all facilities over time.

**○ Education-Dementia**

**2 Quotations:**

**7:6 Have been able to track improved QMs in facilities after intensive sit…… (62:741) - D 7: ND- Great Plains**

Have been able to track improved QMs in facilities after intensive site visits exploring MDS item set input & each individual triggering the QMs; we have worked on QM topic specific worksheets with highlighted caution notes to encourage further exploration of MDS input; working with small sub-group of the ND Partnerhsip to Improve Dementia Care to write application for CMP grant funding to bring Music & Memory programs to ND NHs; started pilot working with Center for Rural Health Critical Access Hospital (CAH) Quality Network coordinator to improve care transitions for individuals with dementia care and reduce inappropriate antipsychotic medication use in both settings;

**9:6 Efforts this quarter explored how to further assist nursing home front…… (387:2429) - D 9: SD-Great Plains**

Efforts this quarter explored how to further assist nursing home front line staff in improving dementia care which ultimately may have an impact on reducing unnecessary antipsychotic medication usage. One of South Dakota’s nursing homes attended a dementia training that GPQIN KS C2 Team conducted in Kansas. This home was excited with the information heard in Kansas and requested presenter Brenda Groves to come to their facility. Discussions between GPQIN KS and GPQIN SD garnered leadership approval to offer the dementia care practices curriculum from the National Council of Certified Dementia Practitioners (NCCDP) in SD with master trainer, Brenda Groves of GPQIN KS to conduct the training. This one day training session will be offered in three locations across South Dakota on August 28, 29, 30. We are calling this the I90 Road Show: Dementia Certification Training as the locations are right off Interstate 90. The training is intended for nursing home frontline staff (nursing assistants, nurses) but is appropriate for all departments that work with dementia. Upon completion, attendees will be eligible to apply for national credentialing as a certified dementia practitioner (CDP). Three hundred registrations have been received from various disciplines (nursing homes, social workers, physician, nurse practitioner, nursing college instructor, pharmacist, occupational and physical therapy, home health, hospitals, assisted living, ombudsman and state surveyors). All three sessions /locations were completely full within 15 days of the online registration going live. GPQIN SD has been overwhelmed by the positive response and interest generated from this training opportunity. Should the training receive the thumbs up from participants, efforts will focus on getting several South Dakotans trained as master trainers so that this training could be offered more frequently. And as for that nursing home that started that started this activity, they have signed up twenty four staff members to take the training

**○ Education-NNHQC**

**1 Quotations:**

**15:7 We also had 3 webinars that covered CDI, antibiotic resistance, antips…… (261:429) - D 15: OH-HSAG**

We also had 3 webinars that covered CDI, antibiotic resistance, antipsychotic medication reduction, and the utilization of the National Nursing Home Quality Campaign.

**○ Education-QMs**

**1 Quotations:**

**38:6 In PA, we continue to offer 30 minute webinars that address QMs that c…… (1529:2058) - D 38: PA-Quality Insights**

In PA, we continue to offer 30 minute webinars that address QMs that continue to be areas of concern for the majority of our participating nursing homes. We analyze evaluations and feedback after each of these webinars to assess that we are meeting the needs of our nursing homes. These webinars have continued to be rated at above average or excellent by the participants and they continue to share that they appreciate the fact that we are cognizant of their time and other priorities by offering shorter educational sessions.

**○ End of Collab-Engagement**

**3 Quotations:**

**18:6 Turnover of leadership continues to be a challenge. It has been hard t…… (443:822) - D 18: OR-HealthInsight**

Turnover of leadership continues to be a challenge. It has been hard to engage new leaders who don't know about the QIO at this late stage in the collaborative. In seeking presenters for peer sharing, new leaders don't know the story of why their building has good outcomes, and it is awkward to ask leaders to present on projects they led when they were at a prior nursing home.

**47:5 While atom has met the initial reporting goal for C.210, CDI NH NHSN r…… (1895:3449) - D 47: AL-atom Alliance**

While atom has met the initial reporting goal for C.210, CDI NH NHSN reporting continues to be an area of concern surrounding sustainability with continuous reporting from January through September 2018, which comes upon the heels of the NH NHSN Administrator having to sign the new Participation and Consent Agreement by July 9th. Both of these requirements presented a challenge, primarily due to NHSN administrator turnover, as well as competing priorities with Phase II LTC requirements. atom Alliance continues to utilize an internal standardized workflow to track and monitor cohort CDI data entry. Part of the standardized workflow is for all states to utilize a Smart Sheet reporting log to document and closely track the number of NHs reporting per month, the number of NHSN Administrative turnovers per month and the number of multi users per facility. The NCC provides all QINs with a monthly NHSN data entry report, unfortunately, these reports are not always timely which validates the need for a more timely internal report that will equip the atom QI Advisors with real time information in providing data entry reminders and technical assistance ahead of deadlines. To anticipate user guidance, NHSN rights for all five atom states were conferred to the C2 task State Director so that NHSN data can be exported in real time and create a useable report that allows atom staff to see NH data entry status. The report also includes who has or has not logged into the NHSN system with time stamps and when additional NHSN users have been added.

**48:6 While atom has met the reporting goal for C.2.10, CDI NH NHSN Reportin…… (1170:1588) - D 48: IN-atom Alliance**

While atom has met the reporting goal for C.2.10, CDI NH NHSN Reporting continues to be an area of concern surrounding sustainability with continuous reporting from January through September 2018. This is due to NHSN administrator turnover, as well as, competing priorities with Phase II LTC requirements. atom Alliance continues to utilize an internal standardized workflow to track and monitor cohort CDI data entry.

**○ End of Collab-Site visit**

**1 Quotations:**

**19:5 Trying to physically visit each nursing facility within the first six…… (724:1429) - D 19: UT-HealthInsight**

Trying to physically visit each nursing facility within the first six months of the year proved to be unttainable by the new state lead, and trying to keep up with visits to meet newly assigned nursing facility leadership for outreach has been a challenge. This was a great concern with the CDI NHSN cohort as well. In an effort to mitigate this challenge some quality measure reports had to be mailed to facility leadership, while other facilities with more immediate needs were visited first, and in some instances twice. The state lead is still planning to visit all nursing facilities throughout the remainder of the year for in-person outreach and technical assistance for composite score improvement.

**○ End of Collab-Sustainability**

**1 Quotations:**

**18:4 In preparing for the next learning session, QIO staff piloted a sustai…… (63:419) - D 18: OR-HealthInsight**

In preparing for the next learning session, QIO staff piloted a sustainability checklist with several nursing homes. Three out of four homes responded promptly and expressed appreciation for the tool. Avamere of Eugene DNS shared that she added something to their admission process (related to their chosen PIP) that she would not otherwise have considered.

**○ Engagement**

**6 Quotations:**

**3:6 The use of the collaborative framework continues to provide a platform…… (62:489) - D 3: DC-Atlantic**

The use of the collaborative framework continues to provide a platform for networking and education. The collaborative method keeps teams engaged at their level of participation based on available people and time resources. Teams are recognized at face to face learning sessions for successes achieved and given opportunities to present their successes to peers. Participants verbalize peer sharing to be a valuable experience.

**24:6 As a strategy for sustaining current and future improvements and impro…… (72:535) - D 24: RI-Healthcentric Advisors**

As a strategy for sustaining current and future improvements and improvement activities with participants of the New England Nursing Home Quality Care Collaborative, the QIN-QIO sent letters to leadership at all nursing homes that are actively engaged in the Collaborative. To acknowledge their active participation and commitment to the Collaborative, included in with the letter was a quality commitment badge to display in the window of their front entrance.

**31:8 It is very difficult to keep up with the ever changing staff and get t…… (1235:1317) - D 31: MT- Mountain Pacific**

It is very difficult to keep up with the ever changing staff and get them engaged.

**34:7 Attendance at the bi-monthly “Office Hours” varies with some regular a…… (976:1769) - D 34: WA- Qualis Health**

Attendance at the bi-monthly “Office Hours” varies with some regular attendees and a lot of first-timers, which is why we continue to offer the same basic information at each Office Hour with links to the resources. Over the last quarter, we have had over 90 Office Hour attendees with 100% overall satisfaction reported in voluntary anonymous event evaluations. A preliminary estimate shows that an additional 8 Collaborative II nursing homes may have reached a composite score of 6 for the first time in the first 4 months of 2018. It is not known if this achievement is attributable to improvement in the antipsychotic or low-risk incontinence Quality Measure, but 5 of those 8 nursing homes did improve in either one or both of those Quality Measures compared to fourth quarter 2017 data.

**37:6 The QIN-QIO continually strategize to ensure are CDI participants rema…… (2373:3404) - D 37: NJ-Quality Insights**

The QIN-QIO continually strategize to ensure are CDI participants remain engaged, as we tie this project into their antibiotic stewardship and infection control requirements for the Final Rule. To mitigate the challenge of project fatigue, we teach our CDI participants how to document this work as a performance improvement project for QAPI and demonstrate the value of this data tracking tool. An additional strategy the QIN-QIO has incorporated to keep participants engaged has been to review past webinar responses to ensure we are providing them with tools and resources that they have requested. This approach has led us to develop an educational webinar on fall prevention, planned for August of this year. This topic has been mentioned in prior webinar evaluations as an identified need for best practices and resources. It is the goal of our QIN-QIO to always solicit feedback and input from our providers and stakeholders, so we can provide education, tools and resources that are valuable and relevant to their work.

**43:7 Nursing home staff’s lack of attendance in routinely scheduled meeting…… (2442:2607) - D 43: TX-TMF**

Nursing home staff’s lack of attendance in routinely scheduled meetings, and engagement in both meetings and routine communication continued to be a significant issue

**○ Event-Attendance**

**4 Quotations:**

**1:5 There had been a drop in LAN attendance in previous months, therefore,…… (442:724) - D 1: GA-GMCF**

There had been a drop in LAN attendance in previous months, therefore, a change of strategy announcing the events was done. Continuing with announcing from the Alliant Quality emails was done with the addition of announcements in both GA and NC Nursing Home Association Newsletters.

**2:5 There had been a drop in LAN attendance in previous months, therefore,…… (449:731) - D 2: NC-GMCF**

There had been a drop in LAN attendance in previous months, therefore, a change of strategy announcing the events was done. Continuing with announcing from the Alliant Quality emails was done with the addition of announcements in both GA and NC Nursing Home Association Newsletters.

**16:11 Attendance at in-person trainings this quarter was less robust than ho…… (2362:2555) - D 16: NM- HealthInsight**

Attendance at in-person trainings this quarter was less robust than hoped, due to competing priorities. Virtual events offered after in-person sessions allowed additional homes to participate.

**44:10 Colorado nursing homes do not tend to participate in webinars so the C…… (1685:1897) - D 44: CO-Telligen**

Colorado nursing homes do not tend to participate in webinars so the C2 team has offered additional onsite trainings and technical assistance to homes this quarter. The response to this approach has been positive.

**○ Expanded assistance**

**1 Quotations:**

**12:6 The administrator reached out in July to HSAG for help to reduce their…… (162:947) - D 12: AZ-HSAG**

The administrator reached out in July to HSAG for help to reduce their incontinence quality measure. The home was also behind three months in CDI reporting. HSAG used this opportunity to engage their team on QAPI process as well as CDI monitoring and surveillance. HSAG facilitated a root-cause analysis, which found that the EMR system was not properly notifying CNAs that certain residents were on a toileting program. HSAG helped the team complete their PIP and will monitor progress over the next quarter. HSAG was also able to use the CDI baseline data to re-engage the team in the NHSN project. As a result, they immediately completed all missing data entries. HSAG will continue this holistic approach to technical assistance to help nursing homes achieve multiple project goals.

**○ Funding**

**3 Quotations:**

**17:5 Maintaining the reduction in the use of antipsychotic medications in n…… (582:1334) - D 17: NV-HealthInsight**

Maintaining the reduction in the use of antipsychotic medications in nursing homes has been a challenge for several reasons. One strategy the QIO was promoting was the Music and Memory program provided by the Perry Foundation. Funding for this program has ended and continuation by the nursing homes that were already trained is uncertain. The QIO has engaged the Nevada Health Care Association CEO to bring the importance of appropriate use of antipsychotic medications to the attention of the owners and leadership of the nursing homes. Having this level of support and buy-in for the need to address the use may impact the ability of nursing home clinical staff to engage physicians/psychiatrists in evaluating their use of antipsychotic medications.

**26:9 Vast resources continue to be necessary to engage/support CDI cohort N…… (2512:3024) - D 26: MIMNWI-Lake Superior**

Vast resources continue to be necessary to engage/support CDI cohort NHs with monthly NHSN data submission. This resulted in a significant reduction in resources available to support the 900+ NHs participating in the NNHQCC, particularly 1 Star NHs. To mitigate this challenge, the QIN QIO shared resources and work tasks regionally, and worked across Tasks to avoid a duplication of efforts. To manage time and resources efficiently, the QIN QIO utilized virtual technical assistance to minimize site visits.

**42:7 Additional staffing resources have been provided in OK to assist with…… (197:293) - D 42: OK-TMF**

Additional staffing resources have been provided in OK to assist with accelerating improvement.

**○ Infection Control**

**2 Quotations:**

**6:6 We held one live Learning Sessions this quarter on May 3, 2018 in Wich…… (380:1226) - D 6: KS-Great Plains**

We held one live Learning Sessions this quarter on May 3, 2018 in Wichita, KS. This training was adapted slightly and included a two hour session on Infection Control in addition to the Dementia training/Best Practice review and the QAPI Boot Camp training. This session was well attended with positive evaluation results. One home from South Dakota attended this session and then requested additional training therefore South Dakota and Kansas have partnered to bring the dementia education to South Dakota. Kansas C2 lead will facilitate three dementia sessions in South Dakota the week on August 27th. We have also seen an increase in webinar attendance this quarter. One tactic that was adapted this quarter was to send educational session information in a separate email than the weekly E-news. Since this change, participation has improved.

**26:8 To promote infection control practices, the QIN QIO: • Disseminated r…… (1787:2486) - D 26: MIMNWI-Lake Superior**

To promote infection control practices, the QIN QIO: • Disseminated recordings and Q&As from the 6-part infection-preventionist webinar series that ended in 4/18 • Shared infection control best practices through webinars, learning events, tools, and resources While the QIO specifically, • Decreased UTI rates in a positive direction from 3.27 to 2.82 in state nursing homes between 8/17 thru 1/18 The QIN QIO continued to provide email reminders, monthly tips and individualized technical assistance to CDI cohort NHs to encourage monthly data submission. As a result, 57.8% (N=37, D=64) of NHs participating in the CDI cohort submitted 5 consecutive months of data into NHSN from 1/18-5/18.

**○ Innovation**

**9 Quotations:**

**4:4 A promising strategy related to our infection control (c.difficile) ta…… (62:863) - D 4: NY-Atlantic**

A promising strategy related to our infection control (c.difficile) task work is the development and use of an electronic tracking tool. We developed an electronic infection control worksheet to assist nursing homes with tracking and trending infections in their facility. With the combination of both the infection and antibiotic tracking within the same tool, a facility has the opportunity to maintain one tool that will provide “real time” infection control data. With the simple entry of information relative to each infection and/or prescribed antibiotic, the data is instantaneously summarized for not only the entire facility, but the data can be drilled down by as many as 10 separate “user-defined” locations (units, wings, floors, etc.) each with its own data summary and supporting graphs.

**16:6 New Mexico presently has 23/27 homes reaching a composite score of 6.0…… (63:577) - D 16: NM- HealthInsight**

New Mexico presently has 23/27 homes reaching a composite score of 6.0 or lower. Five regional, in-person learning sessions and one virtual learning session on topics of person-centered care and resident engagement were held this quarter, reaching 34 staff from 21 facilities and seven stakeholders from state agencies and corporations. Facilities participating in these events responded positively to materials on effective resident councils and engaging residents and families in QAPI provided during the session.

**18:4 In preparing for the next learning session, QIO staff piloted a sustai…… (63:419) - D 18: OR-HealthInsight**

In preparing for the next learning session, QIO staff piloted a sustainability checklist with several nursing homes. Three out of four homes responded promptly and expressed appreciation for the tool. Avamere of Eugene DNS shared that she added something to their admission process (related to their chosen PIP) that she would not otherwise have considered.

**31:7 The University of Kansas recently reached out to the MT C.2 lead and a…… (637:1211) - D 31: MT- Mountain Pacific**

The University of Kansas recently reached out to the MT C.2 lead and asked if we would be interested in participating in their study - CHATO, reducing elder-speak and using appropriate communication with elders. The results in Kansas showed significant antipsychotic reduction and quality improvement. Montana's C.2 lead encouraged the NHs to join this study (especially those with higher antipsychotic rates) and several have done so. It will take time to see the results as CHATO is recruiting then seeking funding before beginning their study here and in other states.

**35:4 Successes of our QIN-QIO for this quarter include the invitation from…… (66:1526) - D 35: DE-Quality Insights**

Successes of our QIN-QIO for this quarter include the invitation from AHQA to present the accomplishments of our Resident Family Engagement (RFE) Committee and their Resident Council Toolkit at the summer, national conference. This honor allowed for the spread of their hard work at the national level. The RFE committee developed their toolkit to inform both nursing homes and residents about the potential of a dynamic resident council for quality and to enhance person-centered care. In addition, the RFE created their third resource this quarter, a Quick Guide to Person-Centered Care. This guide provides simple ideas to spark the change for a facility to begin to broaden the depth of person-centered care offered at their home. Resident voice and resident-directed care are central themes in the Final Rule, and the QIN-QIO seek to provide tools to make implementing changes easy. In addition, this quarter our QIN-QIO offered a webinar to educate on nursing home data and how to utilize it for improvement. This webinar educated on a basic level, assuming no expertise from the audience. It was very well received with 96% off respondents stating the webinar was excellent or above average. In addition, 89% of respondents stated that the webinar was very useful to their work. This is our central strategy of our QIN-QIO, to be relevant and timely in providing education and tools that are the most important to the needs of our participants.

**36:4 Successes of our QIN-QIO for this quarter include the invitation from…… (66:1526) - D 36: LA- Quality Insights**

Successes of our QIN-QIO for this quarter include the invitation from AHQA to present the accomplishments of our Resident Family Engagement (RFE) Committee and their Resident Council Toolkit at the summer, national conference. This honor allowed for the spread of their hard work at the national level. The RFE committee developed their toolkit to inform both nursing homes and residents about the potential of a dynamic resident council for quality and to enhance person-centered care. In addition, the RFE created their third resource this quarter, a Quick Guide to Person-Centered Care. This guide provides simple ideas to spark the change for a facility to begin to broaden the depth of person-centered care offered at their home. Resident voice and resident-directed care are central themes in the Final Rule, and the QIN-QIO seek to provide tools to make implementing changes easy. In addition, this quarter our QIN-QIO offered a webinar to educate on nursing home data and how to utilize it for improvement. This webinar educated on a basic level, assuming no expertise from the audience. It was very well received with 96% off respondents stating the webinar was excellent or above average. In addition, 89% of respondents stated that the webinar was very useful to their work. This is our central strategy of our QIN-QIO, to be relevant and timely in providing education and tools that are the most important to the needs of our participants.

**37:4 Successes of our QIN-QIO for this quarter include the invitation from…… (66:1526) - D 37: NJ-Quality Insights**

Successes of our QIN-QIO for this quarter include the invitation from AHQA to present the accomplishments of our Resident Family Engagement (RFE) Committee and their Resident Council Toolkit at the summer, national conference. This honor allowed for the spread of their hard work at the national level. The RFE committee developed their toolkit to inform both nursing homes and residents about the potential of a dynamic resident council for quality and to enhance person-centered care. In addition, the RFE created their third resource this quarter, a Quick Guide to Person-Centered Care. This guide provides simple ideas to spark the change for a facility to begin to broaden the depth of person-centered care offered at their home. Resident voice and resident-directed care are central themes in the Final Rule, and the QIN-QIO seek to provide tools to make implementing changes easy. In addition, this quarter our QIN-QIO offered a webinar to educate on nursing home data and how to utilize it for improvement. This webinar educated on a basic level, assuming no expertise from the audience. It was very well received with 96% off respondents stating the webinar was excellent or above average. In addition, 89% of respondents stated that the webinar was very useful to their work. This is our central strategy of our QIN-QIO, to be relevant and timely in providing education and tools that are the most important to the needs of our participants.

**38:7 Successes of our QIN-QIO for this quarter include the invitation from…… (66:1527) - D 38: PA-Quality Insights**

Successes of our QIN-QIO for this quarter include the invitation from AHQA to present the accomplishments of our Resident Family Engagement (RFE) Committee and their Resident Council Toolkit at the summer, national conference. This honor allowed for the spread of their hard work at the national level. The RFE committee developed their toolkit to inform both nursing homes and residents about the potential of a dynamic resident council for quality and to enhance person-centered care. In addition, the RFE created their third resource this quarter, a Quick Guide to Person-Centered Care. This guide provides simple ideas to spark the change for a facility to begin to broaden the depth of person-centered care offered at their home. Resident voice and resident-directed care are central themes in the Final Rule, and the QIN-QIO seek to provide tools to make implementing changes easy. In addition, this quarter our QIN-QIO offered a webinar to educate on nursing home data and how to utilize it for improvement. This webinar educated on a basic level, assuming no expertise from the audience. It was very well received with 96% off respondents stating the webinar was excellent or above average. In addition, 89% of respondents stated that the webinar was very useful to their work. This is our central strategy of our QIN-QIO, to be relevant and timely in providing education and tools that are the most important to the needs of our participants.

**39:4 Successes of our QIN-QIO for this quarter include the invitation from…… (66:1526) - D 39: WV-Quality Insights**

Successes of our QIN-QIO for this quarter include the invitation from AHQA to present the accomplishments of our Resident Family Engagement (RFE) Committee and their Resident Council Toolkit at the summer, national conference. This honor allowed for the spread of their hard work at the national level. The RFE committee developed their toolkit to inform both nursing homes and residents about the potential of a dynamic resident council for quality and to enhance person-centered care. In addition, the RFE created their third resource this quarter, a Quick Guide to Person-Centered Care. This guide provides simple ideas to spark the change for a facility to begin to broaden the depth of person-centered care offered at their home. Resident voice and resident-directed care are central themes in the Final Rule, and the QIN-QIO seek to provide tools to make implementing changes easy. In addition, this quarter our QIN-QIO offered a webinar to educate on nursing home data and how to utilize it for improvement. This webinar educated on a basic level, assuming no expertise from the audience. It was very well received with 96% off respondents stating the webinar was excellent or above average. In addition, 89% of respondents stated that the webinar was very useful to their work. This is our central strategy of our QIN-QIO, to be relevant and timely in providing education and tools that are the most important to the needs of our participants.

**○ LAN**

**3 Quotations:**

**1:6 Additionally, two LAN events were very well received: VBP for Nursing…… (280:418) - D 1: GA-GMCF**

Additionally, two LAN events were very well received: VBP for Nursing Homes in June and Strategies to Reduce 30 Day Readmissions in July.

**2:4 Completing 5 meetings around the State of North Carolina with presenta…… (62:425) - D 2: NC-GMCF**

Completing 5 meetings around the State of North Carolina with presentations on Nursing Home quality measure data, importance of QAPI Assessment completion, upcoming expectations for 30 day readmissions, and promoting NNHQIC. Additionally, two LAN events were very well received: VBP for Nursing Homes in June and Strategies to Reduce 30 Day Readmissions in July.

**6:6 We held one live Learning Sessions this quarter on May 3, 2018 in Wich…… (380:1226) - D 6: KS-Great Plains**

We held one live Learning Sessions this quarter on May 3, 2018 in Wichita, KS. This training was adapted slightly and included a two hour session on Infection Control in addition to the Dementia training/Best Practice review and the QAPI Boot Camp training. This session was well attended with positive evaluation results. One home from South Dakota attended this session and then requested additional training therefore South Dakota and Kansas have partnered to bring the dementia education to South Dakota. Kansas C2 lead will facilitate three dementia sessions in South Dakota the week on August 27th. We have also seen an increase in webinar attendance this quarter. One tactic that was adapted this quarter was to send educational session information in a separate email than the weekly E-news. Since this change, participation has improved.

**○ New Regulations**

**6 Quotations:**

**5:6 \*This quarter, AQIN-SC continued to focus additional educational and c…… (62:1024) - D 5: SC-Atlantic**

\*This quarter, AQIN-SC continued to focus additional educational and coaching efforts toward supporting nursing homes' successful implementation of Phase 2 and readiness for Phase 3 Requirements associated with Antibiotic Stewardship and Infection Prevention and Control. South Carolina’s Department of Health and Environmental Control (SC DHEC) continued to collaborate further with AQIN-SC on education topics related to infection prevention and control and antibiotic stewardship by doing a webinar for nursing homes on hand hygiene practices with 56 nursing homes attending and 71 participants; evaluations demonstrated 100% excellent ratings by participants. Additional webinars are being co-planned late summer/early fall as a pre-work launch of an intensive training offered by SC DHEC to infection preventionists, based on the Association for Professionals in Infection Control and Epidemiology (APIC) learning modules, along with exam and certificate.

**20:7 Competing priorities within the nursing homes, particularly work towar…… (1831:2249) - D 20: CTMAMENHVT-Healthcentric Advisors**

Competing priorities within the nursing homes, particularly work towards compliance with the Requirements of Participation, continues to be a significant barrier to engagement. The QIN-QIO provides education and support to nursing homes in the Collaborative by focusing on the major impacts of the requirements of participation including, the Facility Assessment developed by the NCC, QAPI, and infection control.

**32:5 The usual culprits of staff and leadership turnover and distractions w…… (654:1116) - D 32: WY-Mountain Pacific**

The usual culprits of staff and leadership turnover and distractions with regulatory compliance activities following surveys are the biggest challenges. Our only new potential mitigation strategies is monitoring the workforce shortages across all industries in WY and how to engage appropriate personnel into a limited number of CNA training programs. Aligning new leadership personnel with mentors within a corporation or trade association has been encouraged.

**43:8 Lack of preparation and competing priorities (such as the new regulati…… (2610:2786) - D 43: TX-TMF**

Lack of preparation and competing priorities (such as the new regulations) prevent the nursing home(s) from progressing through both the meetings and quality improvement goals.

**50:8 While atom has met the reporting goal for C.2.10, CDI NH NHSN Reportin…… (1478:1774) - D 50: MS-atom Alliance**

While atom has met the reporting goal for C.2.10, CDI NH NHSN Reporting continues to be an area of concern surrounding sustainability with continuous reporting from January through September 2018. This is due to NHSN administrator turnover and competing priorities with Phase II LTC requirements.

**51:5 While atom has met the reporting goal for C.2.10, CDI NH NHSN Reportin…… (1170:2937) - D 51: TN-atom Alliance**

While atom has met the reporting goal for C.2.10, CDI NH NHSN Reporting continues to be an area of concern surrounding sustainability with continuous reporting from January through September 2018. This is due to NHSN administrator turnover, as well as, competing priorities with Phase II LTC requirements. atom Alliance continues to utilize an internal standardized workflow to track and monitor cohort CDI data entry. Part of the standardized workflow is for all states to utilize a Smart Sheet reporting log to document and closely track the number of NHs reporting per month, the number of NHSN Administrative turnovers per month and the number of multi users per facility. The NCC provides all QINs with a monthly NHSN data entry report, unfortunately, these reports are not always timely which validates the need for a more timely internal report that will equip the atom QI Advisors with real time information in providing data entry reminders and technical assistance ahead of deadlines. To anticipate user guidance, NHSN rights for all five atom states were conferred to the C2 task State Director so that NHSN data can be exported in real time and create a useable report that allows atom staff to see NH data entry status. The report also includes who has or has not logged into the NHSN system with time stamps and when additional NHSN users have been added. Another anticipated burden to document this quarter surrounds the new Participation and Consent agreement deadline. This will require the current NH NHSN Administrator to sign the new agreement by July 9th, 2018 or risk losing their current access to NHSN. atom QI Advisors will maintain routine communication with cohort NH users to ensure they have completed this new requirement by the due date.

**● New Regulations COOC ZTask\_Qtrly\_Challenges**

**5 Quotations:**

**20:7 Competing priorities within the nursing homes, particularly work towar…… (1831:2249) - D 20: CTMAMENHVT-Healthcentric Advisors**

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**○ NHSN**

**1 Quotations:**

**4:5 The challenge continues to be with the SAMS and NHSN system, the CDC r…… (887:1573) - D 4: NY-Atlantic**

The challenge continues to be with the SAMS and NHSN system, the CDC re-consent add-on task and arbitrary time line for completion, changed NH staff and subsequent re-work. Mitigating the external system challenges is limited as it is not within control of the QIO. We have ongoing and frequent communication with the NHs and provide technical support to help keep them engaged; we work as the liaison between SAMS, NHSN and NHs; we continue to assist and help NHs work through re-consent, SAMS cards, and NHSN reporting glitches; we review individual reports and events. Despite mitigation efforts, the NHs level of frustration and declining interest in NHSN usage continues to mount.

**● NHSN COOC ZTask\_Qtrly\_Challenges**

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**○ NHSN Platform**

**7 Quotations:**

**12:7 NHSN scheduled and unscheduled outages prevent nursing homes from ente…… (971:1220) - D 12: AZ-HSAG**

NHSN scheduled and unscheduled outages prevent nursing homes from entering CDI data as planned. In the last quarter, NHSN was inaccessible during eight business days. The July 4 holiday also created a barrier to reporting with more users on vacation.

**13:6 NHSN scheduled and unscheduled outages prevent nursing homes from ente…… (1071:1719) - D 13: CA-HSAG**

NHSN scheduled and unscheduled outages prevent nursing homes from entering CDI data as planned. In the last quarter, NHSN was inaccessible during eight business days. The July 4, 2018 holiday also created a barrier to reporting with more users on vacation. In addition, staff turnover continues to be an ongoing barrier. HSAG had 11 percent of users leave this quarter. HSAG has identified several strategies to mitigate these barriers. One nursing home has a corporate user who will enter NHSN data until a new user has a SAMS grid card and can take over the responsibilities. HSAG also pushes nursing homes to enroll a second user at each facility

**14:7 The lengthy Secure Access Management Services (SAMS) enrollment proces…… (778:1171) - D 14: FL-HSAG**

The lengthy Secure Access Management Services (SAMS) enrollment process, NHSN facility administrator turnover, and providers who use generic email addresses remain barriers to NHSN registration and consistent CDI reporting. Since the CDI project inception, there have been 79 NHSN users with SAMS cards replaced. The generic email issue involves 44 NHSN CDI reporting nursing homes in Florida.

**15:5 We continue to have issues with the NHSN program being down/unavailabl…… (636:989) - D 15: OH-HSAG**

We continue to have issues with the NHSN program being down/unavailable periodically to the CDI Initiative participants. We mitigate this challenge by maintaining a close relationship with the personel who operate NHSN, and passing along tips/hints to participants to help alleviate frustration from not being able to submit CDI data when wanted/needed.

**41:11 SAMS onboarding requirements for identification documents have caused…… (1525:2544) - D 41: MO-TMF**

SAMS onboarding requirements for identification documents have caused some difficulty in acquiring acceptable records. Obtaining NHSN invitations from new nursing home administrators for new NHSN users can take many attempts to connect, as well as repeated basic education of the project. These issues continue to need in depth cooperation from NHSN for resolution and can deter facilities from wanting to continue in the project. In one instance, a new work-around was needed after it was discovered that a NHSN home accidently set up a new NHSN account, and subsequently was only able to report in this non-project account. After multiple QIO phone calls with NHSN, the NHSN representative contacted the QIO staff and was able to understand that this all happened accidentally and the home could not get into the old account. The representative then worked with the home and found a way for the person to get into the old account to transfer the summary data from the new account that she unintentionally created.

**43:10 the combination of significant barriers from NHSN (reporting functiona…… (3184:3604) - D 43: TX-TMF**

the combination of significant barriers from NHSN (reporting functionality, re-consent, and delays in obtaining a SAMS grid card when staff turnover occurs) and the various competing priorities for homes, maintaining participant engagement in the project is difficult. Facilities do not understand why they need to use a separate system for this reporting when they utilize a secure system to enter MDS information daily.

**43:11 For the NHSN cohort, QIN staff continue to focus on providing technica…… (4519:4940) - D 43: TX-TMF**

For the NHSN cohort, QIN staff continue to focus on providing technical assistance with SAMS onboarding processes, annual survey completion, re-consent, data reporting, and entry, as well as provide NHSN intervention, when necessary. QIN staff also continued to stress the importance of and educate nursing home staff on the alignment and incorporation of regulatory requirements, CDI project, and continued QI efforts.

**● NHSN Platform COOC ZTask\_Qtrly\_Challenges**

**7 Quotations:**

**12:7 NHSN scheduled and unscheduled outages prevent nursing homes from ente…… (971:1220) - D 12: AZ-HSAG**

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the combination of significant barriers from NHSN (reporting functionality, re-consent, and delays in obtaining a SAMS grid card when staff turnover occurs) and the various competing priorities for homes, maintaining participant engagement in the project is difficult. Facilities do not understand why they need to use a separate system for this reporting when they utilize a secure system to enter MDS information daily.

**43:11 For the NHSN cohort, QIN staff continue to focus on providing technica…… (4519:4940) - D 43: TX-TMF**

For the NHSN cohort, QIN staff continue to focus on providing technical assistance with SAMS onboarding processes, annual survey completion, re-consent, data reporting, and entry, as well as provide NHSN intervention, when necessary. QIN staff also continued to stress the importance of and educate nursing home staff on the alignment and incorporation of regulatory requirements, CDI project, and continued QI efforts.

**○ NHSN- Reporting**

**12 Quotations:**

**10:7 For the C.2 NHSN metric of reporting CDI data by nursing home, HQI exc…… (530:840) - D 10: MD-HQI**

For the C.2 NHSN metric of reporting CDI data by nursing home, HQI exceeded the 80% threshold. Monthly data reports were reformatted with easier to read graphics that enable focus on the improvement rate. Data interpretation and instruction on how to use the data across the multidisciplinary team is shared.

**13:4 Using the principles of persuasion, HSAG simplified its July QIN-wide…… (54:1047) - D 13: CA-HSAG**

Using the principles of persuasion, HSAG simplified its July QIN-wide monthly CDI update with a simple message about the importance of the CDI project and how it can protect residents from harm. The message created a positive association using reciprocity and liking principles (“you are an exemplary facility”). It reduced uncertainty using social proof and authority (“more than 3,000 nursing homes are participating”). It motivated action using the principles of consistency and scarcity (“you made a commitment”). In the first five months of 2018, the monthly update open rate averaged 30% for Arizona, California, and Ohio. In addition, in the first five months, 67% of nursing homes entered data by the 10th of the month. As of July 16, Arizona and California exceeded the 80% goal. Ohio only needs three more nursing homes to report. The percentage of nursing homes reporting by the 10th of the month increased from 67% to 74%, and the monthly update open rate increased from 30% to 39%.

**26:10 • Some nursing homes participating in the CDI cohort do not submit CDI…… (3026:3579) - D 26: MIMNWI-Lake Superior**

• Some nursing homes participating in the CDI cohort do not submit CDI data by the 25th of each month due to multiple factors beyond the QIN QIO’s control. To mitigate this, the QIN QIO sent frequent reminder emails, conducted phone calls and/or onsite visits for NHs having issues submitting CDI data. • Due to frequent staff turnover in the CDI cohort nursing homes, there has been a steady decrease in the number of NHs submitting monthly data despite mitigation efforts from the QIN QIO to encourage NHs to add at least one additional NHSN user.

**33:7 On-site assistance continues to be provided to facilities in the areas…… (407:971) - D 33: ID-Qualis Health**

On-site assistance continues to be provided to facilities in the areas of reducing antipsychotic medications, NHSN, AMS, and infection prevention and control. Assistance includes promoting backup NHSN users to maintain continuity in users when NHSN administrator leaves the facility, proper documentation of c-diff and UTI events, proper prodecures for submitting appropriate samples for lab testing, and measures staff can take to reduce c-diff infections in the facility, use of SBAR communication tools for staff to communicate concerns to resident's physician.

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Newly assigned NHSN administrators needed frequent direction as they worked to get their SAMS card. Once their card finally arrived QIN help was needed to navigate them through the NHSN reporting process, and to locate and complete their facility re-consent. Frequent QIO follow ups for NHSN led to either thank you notes for reporting or prompts to report, resulting in achievement beyond the goal for consecutive reporting.

**44:8 Additionally, the CO QIF traveled to rural parts of CO this quarter to…… (923:1095) - D 44: CO-Telligen**

Additionally, the CO QIF traveled to rural parts of CO this quarter to provide hands-on technical assistance with NHSN data entry and quality measure improvement strategies.

**46:8 NHSN access and reporting continues to be a challenge for Illinois bec…… (934:1472) - D 46: IL-Telligen**

NHSN access and reporting continues to be a challenge for Illinois because of high staff turnover. Staff turnover requires time for new staff to understand CDI reporting processes and benefits and commit to collect and report their data. Mitigation strategies to overcome these challenges are to closely monitor staff turnover in our NHSN homes and provide individual technical assistance for new staff to obtain their SAMS card and report monthly. Two webinars have been given to improve understanding of the CDI baseline rates and data.

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While atom has met the reporting goal for C.2.10, CDI NH NHSN Reporting continues to be an area of concern surrounding sustainability with continuous reporting from January through September 2018. This is due to NHSN administrator turnover, as well as, competing priorities with Phase II LTC requirements. atom Alliance continues to utilize an internal standardized workflow to track and monitor cohort CDI data entry. Part of the standardized workflow is for all states to utilize a Smart Sheet reporting log to document and closely track the number of NHs reporting per month, the number of NHSN Administrative turnovers per month and the number of multi users per facility. The NCC provides all QINs with a monthly NHSN data entry report, unfortunately, these reports are not always timely which validates the need for a more timely internal report that will equip the atom QI Advisors with real time information in providing data entry reminders and technical assistance ahead of deadlines. To anticipate user guidance, NHSN rights for all five atom states were conferred to the C2 Task State Director so that NHSN data can be exported in real time and create a useable report that allows atom staff to see NH data entry status. The report also includes who has or has not logged into the NHSN system with time stamps and when additional NHSN users have been added. Another anticipated burden to document this quarter surrounds the new Participation and Consent agreement deadline. This has required the current NH NHSN Administrator to sign the new agreement by July 9, 2018 or risk losing their current access to NHSN. atom QI Advisors will maintain routine communication with cohort NH users to ensure they have completed this new requirement by the due date.

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The QIN Nursing Home (NH) team had success in facilitating C. Diff data submission into NHSN through developing strong, positive, and trusting relationships and partnerships with each facility. Success was accomplished by providing reliable support through ongoing and consistent communication and reminders, prompt follow up and actively listening to questions or concerns and providing solutions, sharing knowledge of the NHSN C. Diff data submission process from start to completion of submission, and developing individualized technical assistance based on the needs of the facility. The QIN staff also had the experience to convey an understanding of the challenges NH staff faced in gaining access to the NHSN system, data collection, submission, and balancing other priorities, while considering the culture of each organization. Email communications contained QIN contact information on a regular basis and often the email subject line included the name of a key QIN team member and the organization name, which provided a constant link to the initiative and staff members. Tools were distributed on a regular basis to assist with data collection, with steps to enter into NHSN, and template letters to facilitate prompt faxing of vital information to the NHSN Helpdesk when changes to the account needed to occur. Follow up praises and acknowledgements were sent on a frequent basis. The QIN provided value added onsite and virtual technical assistance as appropriate, based on the needs identified for the NH. Appointments were made at the convenience of the NH staff, and the QIN arrived at the NH with the tools needed to provide the right assistance in a concise and thoughtful manner. If data entry was noted to be late for a facility, personal outreach was conducted until a connection or response was received back from the NH. The QIN also carefully tracked and updated the NHs team contact information in a shared tracking document that allowed direct contact to occur. The shared tracking document also facilitated entry of key information and progress, which allowed for strengths and weaknesses to be identified and then strategy development to occur. Communication among the QIN team was crucial.

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**● NHSN- Reporting COOC ZTask\_Qtrly\_Challenges**

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**● NHSN- Reporting COOC ZTask\_Qtrly\_Successes**

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**○ NHSN-Re-Consent**

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The challenge continues to be with the SAMS and NHSN system, the CDC re-consent add-on task and arbitrary time line for completion, changed NH staff and subsequent re-work. Mitigating the external system challenges is limited as it is not within control of the QIO. We have ongoing and frequent communication with the NHs and provide technical support to help keep them engaged; we work as the liaison between SAMS, NHSN and NHs; we continue to assist and help NHs work through re-consent, SAMS cards, and NHSN reporting glitches; we review individual reports and events. Despite mitigation efforts, the NHs level of frustration and declining interest in NHSN usage continues to mount.

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One of the key challenges of this task work for this quarter continues to be the NHSN cohort, the amount of staff turnover, and the re-consent process. Staff turnover poses a significant challenge for nursing homes to complete the re-consent process for the NHSN cohort database. In addition, the burden of re-consenting to a project they have already consented to at the start of this work, only added to the project fatigue that our homes are experiencing. The QIN-QIO continually strategize to ensure are CDI participants remain engaged, as we tie this project into their antibiotic stewardship and infection control requirements for the Final Rule. To mitigate the challenge of project fatigue, we teach our CDI participants how to document this work as a performance improvement project for QAPI and demonstrate the value of this data tracking tool. An additional strategy the QIN-QIO has incorporated to keep participants engaged, has been to review past webinar responses to ensure we are providing them with tools and resources that they have requested. This approach has led us to develop an educational webinar on fall prevention, planned for August of this year. This topic has been mentioned in prior webinar evaluations as an identified need for best practices and resources. It is the goal of our QIN-QIO to always solicit feedback and input from our providers and stakeholders, so we can provide education, tools and resources that are valuable and relevant to their work.

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**● NHSN-Re-Consent COOC ZTask\_Qtrly\_Challenges**

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**○ NHSN-TA**

**2 Quotations:**

**14:4 HSAG provided Clostridium difficile infection (CDI) technical assistan…… (54:745) - D 14: FL-HSAG**

HSAG provided Clostridium difficile infection (CDI) technical assistance to 109 providers through more than 875 emails and phone calls. HSAG provides individualized telephonic, virtual, and face-to-face technical assistance to NHSN members to sustain the Cohort and facilitate NHSN Monthly Reporting. HSAG also leverages existing relationships with corporate leadership, professional organizations, and state agencies, to encourage NHs to actively participate and stay engaged in the CDI Cohort. Finally, HSAG collaborates QIN-wide and across tasks to sustain Cohort participation in the Clostridium-difficile Infection (CDI) Reporting and Reduction initiative and NHSN Monthly Reporting.

**38:8 One of the key challenges of this task work for this quarter continues…… (2082:3677) - D 38: PA-Quality Insights**

One of the key challenges of this task work for this quarter continues to be the NHSN cohort, the amount of staff turnover, and the re-consent process. Staff turnover poses a significant challenge for nursing homes to complete the re-consent process for the NHSN cohort database. In addition, the burden of re-consenting to a project they have already consented to at the start of this work, only added to the project fatigue that our homes are experiencing. The QIN-QIO continually strategize to ensure are CDI participants remain engaged, as we tie this project into their antibiotic stewardship and infection control requirements for the Final Rule. To mitigate the challenge of project fatigue, we teach our CDI participants how to document this work as a performance improvement project for QAPI and demonstrate the value of this data tracking tool. An additional strategy the QIN-QIO has incorporated to keep participants engaged, has been to review past webinar responses to ensure we are providing them with tools and resources that they have requested. This approach has led us to develop an educational webinar on fall prevention, planned for August of this year. This topic has been mentioned in prior webinar evaluations as an identified need for best practices and resources. It is the goal of our QIN-QIO to always solicit feedback and input from our providers and stakeholders, so we can provide education, tools and resources that are valuable and relevant to their work. In PA, we continue to have challenges related to the sale of nursing homes to other corporations.

**● NHSN-TA COOC ZTask\_Qtrly\_Challenges**

**1 Quotations:**

**38:8 One of the key challenges of this task work for this quarter continues…… (2082:3677) - D 38: PA-Quality Insights**

One of the key challenges of this task work for this quarter continues to be the NHSN cohort, the amount of staff turnover, and the re-consent process. Staff turnover poses a significant challenge for nursing homes to complete the re-consent process for the NHSN cohort database. In addition, the burden of re-consenting to a project they have already consented to at the start of this work, only added to the project fatigue that our homes are experiencing. The QIN-QIO continually strategize to ensure are CDI participants remain engaged, as we tie this project into their antibiotic stewardship and infection control requirements for the Final Rule. To mitigate the challenge of project fatigue, we teach our CDI participants how to document this work as a performance improvement project for QAPI and demonstrate the value of this data tracking tool. An additional strategy the QIN-QIO has incorporated to keep participants engaged, has been to review past webinar responses to ensure we are providing them with tools and resources that they have requested. This approach has led us to develop an educational webinar on fall prevention, planned for August of this year. This topic has been mentioned in prior webinar evaluations as an identified need for best practices and resources. It is the goal of our QIN-QIO to always solicit feedback and input from our providers and stakeholders, so we can provide education, tools and resources that are valuable and relevant to their work. In PA, we continue to have challenges related to the sale of nursing homes to other corporations.

**● NHSN-TA COOC ZTask\_Qtrly\_Successes**

**1 Quotations:**

**14:4 HSAG provided Clostridium difficile infection (CDI) technical assistan…… (54:745) - D 14: FL-HSAG**

HSAG provided Clostridium difficile infection (CDI) technical assistance to 109 providers through more than 875 emails and phone calls. HSAG provides individualized telephonic, virtual, and face-to-face technical assistance to NHSN members to sustain the Cohort and facilitate NHSN Monthly Reporting. HSAG also leverages existing relationships with corporate leadership, professional organizations, and state agencies, to encourage NHs to actively participate and stay engaged in the CDI Cohort. Finally, HSAG collaborates QIN-wide and across tasks to sustain Cohort participation in the Clostridium-difficile Infection (CDI) Reporting and Reduction initiative and NHSN Monthly Reporting.

**○ No communication**

**2 Quotations:**

**11:5 To date, twelve of thirty-seven Virginia “late adopter” facilities ha…… (1100:1375) - D 11: VA-HQI**

To date, twelve of thirty-seven Virginia “late adopter” facilities have not responded to outreach efforts. Efforts have included hard copy mailing, emails, technical assistance invites, and outreach efforts from stakeholders who also have relationships with the facilities.

**43:7 Nursing home staff’s lack of attendance in routinely scheduled meeting…… (2442:2607) - D 43: TX-TMF**

Nursing home staff’s lack of attendance in routinely scheduled meetings, and engagement in both meetings and routine communication continued to be a significant issue

**○ Notable**

**7 Quotations:**

**3:6 The use of the collaborative framework continues to provide a platform…… (62:489) - D 3: DC-Atlantic**

The use of the collaborative framework continues to provide a platform for networking and education. The collaborative method keeps teams engaged at their level of participation based on available people and time resources. Teams are recognized at face to face learning sessions for successes achieved and given opportunities to present their successes to peers. Participants verbalize peer sharing to be a valuable experience.

**16:6 New Mexico presently has 23/27 homes reaching a composite score of 6.0…… (63:577) - D 16: NM- HealthInsight**

New Mexico presently has 23/27 homes reaching a composite score of 6.0 or lower. Five regional, in-person learning sessions and one virtual learning session on topics of person-centered care and resident engagement were held this quarter, reaching 34 staff from 21 facilities and seven stakeholders from state agencies and corporations. Facilities participating in these events responded positively to materials on effective resident councils and engaging residents and families in QAPI provided during the session.

**16:12 C2 lead was informed of provider fatigue with a heightened focus on An…… (2556:3122) - D 16: NM- HealthInsight**

C2 lead was informed of provider fatigue with a heightened focus on Antipsychotic Reduction over the past 6-12 months and anxiety with the anticipated financial impacts of the value-based purchasing performance period for certain homes. QIO continues to work in partnership with the NM Health Care Association to develop training topics and activities meaningful to providers. C2 lead is partnering with other task leads to align work (and reduce redundancy) pertaining to readmissions, quality measures, infection control, antipsychotic use and prescribing patterns.

**17:4 Silver Ridge Healthcare Center implemented its sepsis protocol (using…… (63:558) - D 17: NV-HealthInsight**

Silver Ridge Healthcare Center implemented its sepsis protocol (using the toolkit provided as the foundation) in May. Within one month, the nursing home had four residents who triggered use of the protocol. Three of those residents were successfully treated in the nursing home, avoiding a transfer to the emergency department and a hospital admission. Only one resident needed to be transferred to the hospital; multiple co-morbidities made the transfer a safer avenue of care for this resident.

**32:6 We are excited on the launch of our mini-(sprint)collaborative on redu…… (415:630) - D 32: WY-Mountain Pacific**

We are excited on the launch of our mini-(sprint)collaborative on reducing avoidable hospital admissions/readmissions as this is the first time most WY NHs have participated in a cross-state/cross-task collaborative.

**41:8 QIN QIO staff also worked with homes to improve their quality measures…… (642:1059) - D 41: MO-TMF**

QIN QIO staff also worked with homes to improve their quality measures; with this focused effort, the evaluation goal for composite scores has been met and exceeded. To maintain a good working relationship with several corporations, the QIO honors their request to be informed of any future directed tasks to their homes, to make sure there is no conflicting information or duplication that would confuse their homes.

**44:11 Rural and alpine area nursing home providers are limited and hard to r…… (1900:2759) - D 44: CO-Telligen**

Rural and alpine area nursing home providers are limited and hard to replace and nursing home leadership is reporting difficulty with provider compliance with new ROP expectations including updating prescribing behaviors. The QIO has an excellent relationship with the Colorado Medical Director Association (CMDA). In collaboration, they are working to educate the non-metro area physicians and Medical Directors on CMS expectations and the importance of mindful prescribing of antipsychotics, antibiotics and opioids. NHSN monthly reporting by participating homes remains an ongoing challenge because of staff turnover, competing priorities and low CDI rates. Telligen continues to communicate with homes regularly (sometimes daily) via email, phone and site visits to provide TA on NHSN data submission and instructions on obtaining SAMS card for new users.

**● Partnership-Outcomes**

**7 Quotations:**

**5:9 AQIN-SC's Task C.2 Task Lead is participating in a hospital health sys…… (2395:2553) - D 5: SC-Atlantic**

AQIN-SC's Task C.2 Task Lead is participating in a hospital health system's steering committee evaluating a mobile simulator for future nursing home training.

**10:6 Working together to create efficiencies and broaden outreach continues…… (53:526) - D 10: MD-HQI**

Working together to create efficiencies and broaden outreach continues to be at the forefront of engagement efforts. HQI is partnering with the Maryland Department of Health and University of MD School of Pharmacy to serve as a long-term care subject matter expert for an antibiotic stewardship summit to provide insight and material for educational content, facility engagement and EHR interoperability, aids in reducing duplication of material and reduces research time.

**15:8 We have also created a strong partnership with the Saber nursing home…… (430:612) - D 15: OH-HSAG**

We have also created a strong partnership with the Saber nursing home home corporation through CDI/NHSN assistance and the creation of a QAPI program that will be used corporate-wide.

**29:7 Another promising strategy for the C.2 task is the collaboration with…… (379:854) - D 29: AK-Mountain Pacific**

Another promising strategy for the C.2 task is the collaboration with the SSA and Alzheimerâ€™s Resource of Alaska to use CMP funds for providing dementia certification training for each nursing home.Â In September, all 18 ANHTs will be sending staff to Anchorage for a 3-day certification workshop (Teepa Snow â€“ Positive Approach to Care).Â This dementia training truly transforms practice and will have a significant impact on the residents in Alaskaâ€™s nursing homes.

**30:4 Streamlining statewide initiatives through collaboration with statewid…… (66:163) - D 30: HI-Mountain Pacific**

Streamlining statewide initiatives through collaboration with statewide partners and stakeholders.

**31:7 The University of Kansas recently reached out to the MT C.2 lead and a…… (637:1211) - D 31: MT- Mountain Pacific**

The University of Kansas recently reached out to the MT C.2 lead and asked if we would be interested in participating in their study - CHATO, reducing elder-speak and using appropriate communication with elders. The results in Kansas showed significant antipsychotic reduction and quality improvement. Montana's C.2 lead encouraged the NHs to join this study (especially those with higher antipsychotic rates) and several have done so. It will take time to see the results as CHATO is recruiting then seeking funding before beginning their study here and in other states.

**33:6 During this quarter QIN/QIO has developed a stronger working relations…… (63:403) - D 33: ID-Qualis Health**

During this quarter QIN/QIO has developed a stronger working relationship with the SSA by participating in QI work groups. Provider staff are also participating in these groups. This has resulted in a better working relationship between the providers and SSA, with the QIN/QIO acting as a subject matter expert and partner in the process.

**○ Patient Centered Care**

**5 Quotations:**

**35:4 Successes of our QIN-QIO for this quarter include the invitation from…… (66:1526) - D 35: DE-Quality Insights**

Successes of our QIN-QIO for this quarter include the invitation from AHQA to present the accomplishments of our Resident Family Engagement (RFE) Committee and their Resident Council Toolkit at the summer, national conference. This honor allowed for the spread of their hard work at the national level. The RFE committee developed their toolkit to inform both nursing homes and residents about the potential of a dynamic resident council for quality and to enhance person-centered care. In addition, the RFE created their third resource this quarter, a Quick Guide to Person-Centered Care. This guide provides simple ideas to spark the change for a facility to begin to broaden the depth of person-centered care offered at their home. Resident voice and resident-directed care are central themes in the Final Rule, and the QIN-QIO seek to provide tools to make implementing changes easy. In addition, this quarter our QIN-QIO offered a webinar to educate on nursing home data and how to utilize it for improvement. This webinar educated on a basic level, assuming no expertise from the audience. It was very well received with 96% off respondents stating the webinar was excellent or above average. In addition, 89% of respondents stated that the webinar was very useful to their work. This is our central strategy of our QIN-QIO, to be relevant and timely in providing education and tools that are the most important to the needs of our participants.

**36:4 Successes of our QIN-QIO for this quarter include the invitation from…… (66:1526) - D 36: LA- Quality Insights**

Successes of our QIN-QIO for this quarter include the invitation from AHQA to present the accomplishments of our Resident Family Engagement (RFE) Committee and their Resident Council Toolkit at the summer, national conference. This honor allowed for the spread of their hard work at the national level. The RFE committee developed their toolkit to inform both nursing homes and residents about the potential of a dynamic resident council for quality and to enhance person-centered care. In addition, the RFE created their third resource this quarter, a Quick Guide to Person-Centered Care. This guide provides simple ideas to spark the change for a facility to begin to broaden the depth of person-centered care offered at their home. Resident voice and resident-directed care are central themes in the Final Rule, and the QIN-QIO seek to provide tools to make implementing changes easy. In addition, this quarter our QIN-QIO offered a webinar to educate on nursing home data and how to utilize it for improvement. This webinar educated on a basic level, assuming no expertise from the audience. It was very well received with 96% off respondents stating the webinar was excellent or above average. In addition, 89% of respondents stated that the webinar was very useful to their work. This is our central strategy of our QIN-QIO, to be relevant and timely in providing education and tools that are the most important to the needs of our participants.

**37:4 Successes of our QIN-QIO for this quarter include the invitation from…… (66:1526) - D 37: NJ-Quality Insights**

Successes of our QIN-QIO for this quarter include the invitation from AHQA to present the accomplishments of our Resident Family Engagement (RFE) Committee and their Resident Council Toolkit at the summer, national conference. This honor allowed for the spread of their hard work at the national level. The RFE committee developed their toolkit to inform both nursing homes and residents about the potential of a dynamic resident council for quality and to enhance person-centered care. In addition, the RFE created their third resource this quarter, a Quick Guide to Person-Centered Care. This guide provides simple ideas to spark the change for a facility to begin to broaden the depth of person-centered care offered at their home. Resident voice and resident-directed care are central themes in the Final Rule, and the QIN-QIO seek to provide tools to make implementing changes easy. In addition, this quarter our QIN-QIO offered a webinar to educate on nursing home data and how to utilize it for improvement. This webinar educated on a basic level, assuming no expertise from the audience. It was very well received with 96% off respondents stating the webinar was excellent or above average. In addition, 89% of respondents stated that the webinar was very useful to their work. This is our central strategy of our QIN-QIO, to be relevant and timely in providing education and tools that are the most important to the needs of our participants.

**38:7 Successes of our QIN-QIO for this quarter include the invitation from…… (66:1527) - D 38: PA-Quality Insights**

Successes of our QIN-QIO for this quarter include the invitation from AHQA to present the accomplishments of our Resident Family Engagement (RFE) Committee and their Resident Council Toolkit at the summer, national conference. This honor allowed for the spread of their hard work at the national level. The RFE committee developed their toolkit to inform both nursing homes and residents about the potential of a dynamic resident council for quality and to enhance person-centered care. In addition, the RFE created their third resource this quarter, a Quick Guide to Person-Centered Care. This guide provides simple ideas to spark the change for a facility to begin to broaden the depth of person-centered care offered at their home. Resident voice and resident-directed care are central themes in the Final Rule, and the QIN-QIO seek to provide tools to make implementing changes easy. In addition, this quarter our QIN-QIO offered a webinar to educate on nursing home data and how to utilize it for improvement. This webinar educated on a basic level, assuming no expertise from the audience. It was very well received with 96% off respondents stating the webinar was excellent or above average. In addition, 89% of respondents stated that the webinar was very useful to their work. This is our central strategy of our QIN-QIO, to be relevant and timely in providing education and tools that are the most important to the needs of our participants.

**39:4 Successes of our QIN-QIO for this quarter include the invitation from…… (66:1526) - D 39: WV-Quality Insights**

Successes of our QIN-QIO for this quarter include the invitation from AHQA to present the accomplishments of our Resident Family Engagement (RFE) Committee and their Resident Council Toolkit at the summer, national conference. This honor allowed for the spread of their hard work at the national level. The RFE committee developed their toolkit to inform both nursing homes and residents about the potential of a dynamic resident council for quality and to enhance person-centered care. In addition, the RFE created their third resource this quarter, a Quick Guide to Person-Centered Care. This guide provides simple ideas to spark the change for a facility to begin to broaden the depth of person-centered care offered at their home. Resident voice and resident-directed care are central themes in the Final Rule, and the QIN-QIO seek to provide tools to make implementing changes easy. In addition, this quarter our QIN-QIO offered a webinar to educate on nursing home data and how to utilize it for improvement. This webinar educated on a basic level, assuming no expertise from the audience. It was very well received with 96% off respondents stating the webinar was excellent or above average. In addition, 89% of respondents stated that the webinar was very useful to their work. This is our central strategy of our QIN-QIO, to be relevant and timely in providing education and tools that are the most important to the needs of our participants.

**○ Peer Sharing**

**1 Quotations:**

**3:6 The use of the collaborative framework continues to provide a platform…… (62:489) - D 3: DC-Atlantic**

The use of the collaborative framework continues to provide a platform for networking and education. The collaborative method keeps teams engaged at their level of participation based on available people and time resources. Teams are recognized at face to face learning sessions for successes achieved and given opportunities to present their successes to peers. Participants verbalize peer sharing to be a valuable experience.

**○ QAPI**

**8 Quotations:**

**26:6 To promote QAPI implementation, the QIN QIO: • Created and dissemina…… (195:689) - D 26: MIMNWI-Lake Superior**

To promote QAPI implementation, the QIN QIO: • Created and disseminated 2 resources to help nursing homes maximize their QAA/QAPI meetings which were shared with the QIN QIO community via HealthCare Communities website • Shared examples of QAPI strategies via webinars, learning events, tools and resources • Encouraged NHs that have not yet responded, to complete the QAPI Implementation Self-Assessment • Provided technical assistance to nursing homes asking for assistance with PIPs

**26:12 • Despite the many learning opportunities and resources provided to nu…… (4486:4751) - D 26: MIMNWI-Lake Superior**

• Despite the many learning opportunities and resources provided to nursing homes, many NHs struggle to implement QAPI principles. To assist NHs in creating/sustaining a QAPI culture, the QIN QIO created and disseminated a QAA/QAPI Meeting Agenda Template and Guide.

**29:6 There continue to be monthly â€œQAPI In A Canâ€ presentations to the A…… (66:379) - D 29: AK-Mountain Pacific**

There continue to be monthly â€œQAPI In A Canâ€ presentations to the ANHT group, with topics this quarter covering antimicrobial stewardship, QAPI at the Departmental Level and Incontinence Prevention & Management.Â Each â€˜canâ€™ is presented on our monthly call then shared for training at the facility level.

**41:6 QIN QIO staff focused on collecting QAPI self-assessments from all Col…… (53:213) - D 41: MO-TMF**

QIN QIO staff focused on collecting QAPI self-assessments from all Collaborative II homes; this depended on being able to connect with main contacts with homes.

**44:7 CO exceeded the July 2018 composite score evaluation measure goal and…… (496:921) - D 44: CO-Telligen**

CO exceeded the July 2018 composite score evaluation measure goal and continues to educate communities on the methodology of QAPI through webinars and onsite one day intensives. The one day “Express” gained popularity this quarter. In June, we re-engaged a national corporation, who has not actively championed working with the QIO previously, by providing intensive QAPI training to over a dozen of their homes in two states.

**45:7 Education this quarter included a nurse and administrator leadership p…… (554:1102) - D 45: IA-Telligen**

Education this quarter included a nurse and administrator leadership program on quality improvements in long-term care and upcoming education on QAPI fundamentals, the Nursing Home Quality Care Collaborative and antipsychotic reduction. Education was provided to Iowa direct care workers on skin care at the Iowa Caregivers Association conference. We continue to train nursing homes with QAPI push sprint classes and receive positive feedback from Iowa homes as they report improvement in their quality measures related to QAPI processes and tools.

**46:7 We have deployed several strategies aimed at meeting the composite sco…… (245:909) - D 46: IL-Telligen**

We have deployed several strategies aimed at meeting the composite score evaluation measure including a Composite Score Honor Roll on our website, multiple toolkits, individual technical assistance to 100 targeted communities, completing four QAPI push sprint classes and two QAPI Express classes for the largest nursing home company in Illinois. We continue to offer multiple 30 minute recorded QAPI Relay webinars that address MDS coding accuracy. We distribute the Telligen Weekly Digest and the monthly Trend newsletter to promote engagement, education and upcoming LAN events. Intensive NHSN TA also continues with 93 homes participating in the CDI NHSN cohort

**47:7 NHs are coached on use of these reports, as well as, their CASPER repo…… (938:1871) - D 47: AL-atom Alliance**

NHs are coached on use of these reports, as well as, their CASPER reports thereby building capacity for the NHs to make data driven changes to their QAPI efforts. Alabama also continues monthly dissemination and reminder of QAPI Self Assessment to all nursing homes that have not completed the initial assessment in an effort to help guide and direct nursing home teams in the implementation of QAPI and PIP Team development within their organization. This intervention continues to yield positive results in QAPI Self Assessments returned. Per the latest AP medication dataset (Q4Y17), AL has achieved a 16.8% RIR reduced from baseline rate of 22.37 (2013, 4-quarter aggregate) to most recent 18.62%. Additionally, 59% of AL recruited nursing homes have achieved the composite measure of 6.00 which exceeds the expected 50% evaluation measures for 2019. The QIN-QIO is consistently working with providers for the C.28 NHSN reporting.

**○ quality measures/composite score**

**12 Quotations:**

**34:6 Qualis Health WA remains focused on quality improvement for the two Qu…… (63:975) - D 34: WA- Qualis Health**

Qualis Health WA remains focused on quality improvement for the two Quality Measures that affect more nursing home residents than any other Quality Measures, namely long-stay antipsychotics and low-risk incontinence. We have reorganized our website and added new resources for both dementia care and low-risk incontinence and continue to promote the use of evidenced-based resources through bi-weekly “Office Hours”. We have also presented on-site to nursing home teams to promote the adoption of prompted voiding and presented at WHCA annual convention on both these topics. We have also reached out by telephone to the identified “late adopter” list of nursing homes to make them aware of resources available for antipsychotic reduction and to understand what the drivers of high antipsychotic rates. In one case, we helped a rural nursing home identify mental health resources that could serve their clients.

**40:4 Composite score improvements were a bigger focus by encouraging use of…… (53:545) - D 40: AR-TMF**

Composite score improvements were a bigger focus by encouraging use of the TMF quality measures videos for CASPER and composite score reports. Use of the CDC website for infection control and antibiotic stewardship programs, as well as overall quality improvement was encouraged also. For the CDI project, QI staff continue to perform outreach, keep lines of communication open and ask how we can provide assistance to facilitate NHSN reporting without it becoming a burden to the facilities.

**41:8 QIN QIO staff also worked with homes to improve their quality measures…… (642:1059) - D 41: MO-TMF**

QIN QIO staff also worked with homes to improve their quality measures; with this focused effort, the evaluation goal for composite scores has been met and exceeded. To maintain a good working relationship with several corporations, the QIO honors their request to be informed of any future directed tasks to their homes, to make sure there is no conflicting information or duplication that would confuse their homes.

**42:5 Challenges continue to include the progression of nursing homes in qua…… (1049:1369) - D 42: OK-TMF**

Challenges continue to include the progression of nursing homes in quality improvement initiatives to impact quality measure and composite score data. QIN staff continue to provide resources, focus on quality measures that are contributing to composite scores above six and provide one-on-one assistance to nursing homes.

**42:8 QIN staff continued to use the composite score predictor and quality m…… (294:612) - D 42: OK-TMF**

QIN staff continued to use the composite score predictor and quality measure reports to assist with setting quality improvement goals related to targeted quality measures. The CASPER report information also assisted in determining the improvement or decline in a measure for facilities with already established goals.

**45:6 The composite score evaluation measure goal continues to steadily rise…… (58:553) - D 45: IA-Telligen**

The composite score evaluation measure goal continues to steadily rise (60.9%). 91.1% of Iowa nursing homes have completed the QAPI self- assessment. We have posted a Composite Score Achievement Honor Roll on our website that includes nursing homes that have successfully reached a composite score of 6 or less for at least one quarter to honor these homes and encourage homes additional homes to achieve this goal. We regularly collaborate with the trade associations to educate nursing homes.

**45:8 To better support infection control and antibiotic stewardship program…… (1103:1595) - D 45: IA-Telligen**

To better support infection control and antibiotic stewardship programs in nursing homes, QIF completed Iowa Department of Public Health/APIC infection prevention training and received an Infection Preventionist LTC certification. We continue to offer individual technical assistance on topics that impact quality including; immunizations, fall prevention, root cause analysis, 5-Star preview reports, infection prevention, systems evaluations, CASPER reports, TeamSTEPPS and staff stability.

**47:6 Improvements around the composite score measure shows that 551 of the…… (268:937) - D 47: AL-atom Alliance**

Improvements around the composite score measure shows that 551 of the 1172 recruited providers have met the Composite Score Measure goal of less than or equal to 6.00. Two of the 5 atom Alliance states have already met or exceeded the final 2019 evaluation measure of 50% for this goal. The QIN QIO achieved these goals by various webinar offering throughout the Leading and Sustaining Systemic Culture Change (LSSCC) Collaborative I and II. Also, quarterly progress reports based on the 13 quality measures that make up the composite score are being sent to the participating nursing homes (NHs). Alabama also sends monthly composite reports to the participating NHs.

**48:4 The QIO, per the latest AP dataset, reflects a 5 state aggregate relat…… (63:1146) - D 48: IN-atom Alliance**

The QIO, per the latest AP dataset, reflects a 5 state aggregate relative improvement rate of 24.3% reduced from baseline rate of 22.39% to most recent 16.96% as of quarter 4, 2017. Improvements around the composite score measure shows that 551 of the 1172 (47%) recruited providers have met the Composite Score Measure goal of 6.00 or less. Two of the 5 atom Alliance states have already met or exceeded the final 2019 evaluation measure of 50% RTN for this goal. The QIO achieved these goals by various webinars offered throughout the LSSCC Collaboratives I and II. Also, quarterly progress reports based on the 13 quality measures that make up the composite score are being sent to the participating nursing homes. NHs are coached on use of these reports, as well as, their CASPER reports thereby building capacity for the NHs to make data driven changes to their QAPI efforts. Another success achieved this quarter includes the QIN QIO consistently working with providers for the C.2.8 NHSN reporting. As of May, 72% of the Cohort has reported data for January through April 2018.

**49:6 Improvements around the composite score measure shows that 551 of the…… (269:1164) - D 49: KY-atom Alliance**

Improvements around the composite score measure shows that 551 of the 1172 (47%) recruited providers have met the Composite Score Measure goal of 6.00 or less. Two of the 5 atom Alliance states have already met or exceeded the final 2019 evaluation measure of 50% RTN for this goal. The QIN QIO achieved these goals by various webinars offered throughout the LSSCC Collaboratives I and II. Also, quarterly progress reports based on the 13 quality measures that make up the composite score are being sent to the participating nursing homes. NHs are coached on use of these reports, as well as, their CASPER reports thereby building capacity for the NHs to make data driven changes to their QAPI efforts. Another success achieved this quarter includes the QIN QIO consistently working with providers for the C.2.8 NHSN reporting. As of May, 72% of the Cohort has reported data for Jan to Apr 2018.

**50:6 Improvements around the composite score measure shows that 551 of the…… (264:947) - D 50: MS-atom Alliance**

Improvements around the composite score measure shows that 551 of the 1172 (47%) recruited providers have met the Composite Score Measure goal of 6.00 or less. Two of the 5 atom Alliance states have already met or exceeded the final 2019 evaluation measure of 50% RTN for this goal. The QIN achieved these goals by various webinars offered throughout the LSSCC Collaboratives I and II. Quarterly progress reports based on the 13 quality measures that make up the composite score are being sent to the participating nursing homes. NHs are coached on use of these reports, as well as CASPER reports thereby building capacity for the NHs to make data driven changes to their QAPI efforts

**51:6 Improvements around the composite score measure shows that 551 of the…… (245:943) - D 51: TN-atom Alliance**

Improvements around the composite score measure shows that 551 of the 1172 (47%) recruited providers have met the Composite Score Measure goal of 6.00 or less. Two of the 5 atom Alliance states have already met or exceeded the final 2019 evaluation measure of 50% RTN for this goal. The QIO achieved these goals by various webinars offered throughout the LSSCC Collaboratives I and II. Also, quarterly progress reports based on the 13 quality measures that make up the composite score are being sent to the participating nursing homes. NHs are coached on use of these reports, as well as, their CASPER reports thereby building capacity for the NHs to make data driven changes to their QAPI efforts.

**● quality measures/composite score COOC ZTask\_Qtrly\_Successes**

**11 Quotations:**

**34:6 Qualis Health WA remains focused on quality improvement for the two Qu…… (63:975) - D 34: WA- Qualis Health**

Qualis Health WA remains focused on quality improvement for the two Quality Measures that affect more nursing home residents than any other Quality Measures, namely long-stay antipsychotics and low-risk incontinence. We have reorganized our website and added new resources for both dementia care and low-risk incontinence and continue to promote the use of evidenced-based resources through bi-weekly “Office Hours”. We have also presented on-site to nursing home teams to promote the adoption of prompted voiding and presented at WHCA annual convention on both these topics. We have also reached out by telephone to the identified “late adopter” list of nursing homes to make them aware of resources available for antipsychotic reduction and to understand what the drivers of high antipsychotic rates. In one case, we helped a rural nursing home identify mental health resources that could serve their clients.

**40:4 Composite score improvements were a bigger focus by encouraging use of…… (53:545) - D 40: AR-TMF**

Composite score improvements were a bigger focus by encouraging use of the TMF quality measures videos for CASPER and composite score reports. Use of the CDC website for infection control and antibiotic stewardship programs, as well as overall quality improvement was encouraged also. For the CDI project, QI staff continue to perform outreach, keep lines of communication open and ask how we can provide assistance to facilitate NHSN reporting without it becoming a burden to the facilities.

**41:8 QIN QIO staff also worked with homes to improve their quality measures…… (642:1059) - D 41: MO-TMF**

QIN QIO staff also worked with homes to improve their quality measures; with this focused effort, the evaluation goal for composite scores has been met and exceeded. To maintain a good working relationship with several corporations, the QIO honors their request to be informed of any future directed tasks to their homes, to make sure there is no conflicting information or duplication that would confuse their homes.

**42:8 QIN staff continued to use the composite score predictor and quality m…… (294:612) - D 42: OK-TMF**

QIN staff continued to use the composite score predictor and quality measure reports to assist with setting quality improvement goals related to targeted quality measures. The CASPER report information also assisted in determining the improvement or decline in a measure for facilities with already established goals.

**45:6 The composite score evaluation measure goal continues to steadily rise…… (58:553) - D 45: IA-Telligen**

The composite score evaluation measure goal continues to steadily rise (60.9%). 91.1% of Iowa nursing homes have completed the QAPI self- assessment. We have posted a Composite Score Achievement Honor Roll on our website that includes nursing homes that have successfully reached a composite score of 6 or less for at least one quarter to honor these homes and encourage homes additional homes to achieve this goal. We regularly collaborate with the trade associations to educate nursing homes.

**45:8 To better support infection control and antibiotic stewardship program…… (1103:1595) - D 45: IA-Telligen**

To better support infection control and antibiotic stewardship programs in nursing homes, QIF completed Iowa Department of Public Health/APIC infection prevention training and received an Infection Preventionist LTC certification. We continue to offer individual technical assistance on topics that impact quality including; immunizations, fall prevention, root cause analysis, 5-Star preview reports, infection prevention, systems evaluations, CASPER reports, TeamSTEPPS and staff stability.

**47:6 Improvements around the composite score measure shows that 551 of the…… (268:937) - D 47: AL-atom Alliance**

Improvements around the composite score measure shows that 551 of the 1172 recruited providers have met the Composite Score Measure goal of less than or equal to 6.00. Two of the 5 atom Alliance states have already met or exceeded the final 2019 evaluation measure of 50% for this goal. The QIN QIO achieved these goals by various webinar offering throughout the Leading and Sustaining Systemic Culture Change (LSSCC) Collaborative I and II. Also, quarterly progress reports based on the 13 quality measures that make up the composite score are being sent to the participating nursing homes (NHs). Alabama also sends monthly composite reports to the participating NHs.

**48:4 The QIO, per the latest AP dataset, reflects a 5 state aggregate relat…… (63:1146) - D 48: IN-atom Alliance**

The QIO, per the latest AP dataset, reflects a 5 state aggregate relative improvement rate of 24.3% reduced from baseline rate of 22.39% to most recent 16.96% as of quarter 4, 2017. Improvements around the composite score measure shows that 551 of the 1172 (47%) recruited providers have met the Composite Score Measure goal of 6.00 or less. Two of the 5 atom Alliance states have already met or exceeded the final 2019 evaluation measure of 50% RTN for this goal. The QIO achieved these goals by various webinars offered throughout the LSSCC Collaboratives I and II. Also, quarterly progress reports based on the 13 quality measures that make up the composite score are being sent to the participating nursing homes. NHs are coached on use of these reports, as well as, their CASPER reports thereby building capacity for the NHs to make data driven changes to their QAPI efforts. Another success achieved this quarter includes the QIN QIO consistently working with providers for the C.2.8 NHSN reporting. As of May, 72% of the Cohort has reported data for January through April 2018.

**49:6 Improvements around the composite score measure shows that 551 of the…… (269:1164) - D 49: KY-atom Alliance**

Improvements around the composite score measure shows that 551 of the 1172 (47%) recruited providers have met the Composite Score Measure goal of 6.00 or less. Two of the 5 atom Alliance states have already met or exceeded the final 2019 evaluation measure of 50% RTN for this goal. The QIN QIO achieved these goals by various webinars offered throughout the LSSCC Collaboratives I and II. Also, quarterly progress reports based on the 13 quality measures that make up the composite score are being sent to the participating nursing homes. NHs are coached on use of these reports, as well as, their CASPER reports thereby building capacity for the NHs to make data driven changes to their QAPI efforts. Another success achieved this quarter includes the QIN QIO consistently working with providers for the C.2.8 NHSN reporting. As of May, 72% of the Cohort has reported data for Jan to Apr 2018.

**50:6 Improvements around the composite score measure shows that 551 of the…… (264:947) - D 50: MS-atom Alliance**

Improvements around the composite score measure shows that 551 of the 1172 (47%) recruited providers have met the Composite Score Measure goal of 6.00 or less. Two of the 5 atom Alliance states have already met or exceeded the final 2019 evaluation measure of 50% RTN for this goal. The QIN achieved these goals by various webinars offered throughout the LSSCC Collaboratives I and II. Quarterly progress reports based on the 13 quality measures that make up the composite score are being sent to the participating nursing homes. NHs are coached on use of these reports, as well as CASPER reports thereby building capacity for the NHs to make data driven changes to their QAPI efforts

**51:6 Improvements around the composite score measure shows that 551 of the…… (245:943) - D 51: TN-atom Alliance**

Improvements around the composite score measure shows that 551 of the 1172 (47%) recruited providers have met the Composite Score Measure goal of 6.00 or less. Two of the 5 atom Alliance states have already met or exceeded the final 2019 evaluation measure of 50% RTN for this goal. The QIO achieved these goals by various webinars offered throughout the LSSCC Collaboratives I and II. Also, quarterly progress reports based on the 13 quality measures that make up the composite score are being sent to the participating nursing homes. NHs are coached on use of these reports, as well as, their CASPER reports thereby building capacity for the NHs to make data driven changes to their QAPI efforts.

**○ Readmissions**

**3 Quotations:**

**1:6 Additionally, two LAN events were very well received: VBP for Nursing…… (280:418) - D 1: GA-GMCF**

Additionally, two LAN events were very well received: VBP for Nursing Homes in June and Strategies to Reduce 30 Day Readmissions in July.

**2:4 Completing 5 meetings around the State of North Carolina with presenta…… (62:425) - D 2: NC-GMCF**

Completing 5 meetings around the State of North Carolina with presentations on Nursing Home quality measure data, importance of QAPI Assessment completion, upcoming expectations for 30 day readmissions, and promoting NNHQIC. Additionally, two LAN events were very well received: VBP for Nursing Homes in June and Strategies to Reduce 30 Day Readmissions in July.

**42:9 During visits, readmissions, antibiotic stewardship and pain managemen…… (613:1025) - D 42: OK-TMF**

During visits, readmissions, antibiotic stewardship and pain management, as well as other health related conditions that affect residents in long term care, were discussed. Resources provided to homes during this quarter included QM Tip Sheets, sample PIP forms, activity director’s checklist, information to track falls and resources to review and evaluate resident’s triggering for low risk bowel and bladder.

**○ Resident Engagement**

**7 Quotations:**

**16:6 New Mexico presently has 23/27 homes reaching a composite score of 6.0…… (63:577) - D 16: NM- HealthInsight**

New Mexico presently has 23/27 homes reaching a composite score of 6.0 or lower. Five regional, in-person learning sessions and one virtual learning session on topics of person-centered care and resident engagement were held this quarter, reaching 34 staff from 21 facilities and seven stakeholders from state agencies and corporations. Facilities participating in these events responded positively to materials on effective resident councils and engaging residents and families in QAPI provided during the session.

**35:4 Successes of our QIN-QIO for this quarter include the invitation from…… (66:1526) - D 35: DE-Quality Insights**

Successes of our QIN-QIO for this quarter include the invitation from AHQA to present the accomplishments of our Resident Family Engagement (RFE) Committee and their Resident Council Toolkit at the summer, national conference. This honor allowed for the spread of their hard work at the national level. The RFE committee developed their toolkit to inform both nursing homes and residents about the potential of a dynamic resident council for quality and to enhance person-centered care. In addition, the RFE created their third resource this quarter, a Quick Guide to Person-Centered Care. This guide provides simple ideas to spark the change for a facility to begin to broaden the depth of person-centered care offered at their home. Resident voice and resident-directed care are central themes in the Final Rule, and the QIN-QIO seek to provide tools to make implementing changes easy. In addition, this quarter our QIN-QIO offered a webinar to educate on nursing home data and how to utilize it for improvement. This webinar educated on a basic level, assuming no expertise from the audience. It was very well received with 96% off respondents stating the webinar was excellent or above average. In addition, 89% of respondents stated that the webinar was very useful to their work. This is our central strategy of our QIN-QIO, to be relevant and timely in providing education and tools that are the most important to the needs of our participants.

**36:4 Successes of our QIN-QIO for this quarter include the invitation from…… (66:1526) - D 36: LA- Quality Insights**

Successes of our QIN-QIO for this quarter include the invitation from AHQA to present the accomplishments of our Resident Family Engagement (RFE) Committee and their Resident Council Toolkit at the summer, national conference. This honor allowed for the spread of their hard work at the national level. The RFE committee developed their toolkit to inform both nursing homes and residents about the potential of a dynamic resident council for quality and to enhance person-centered care. In addition, the RFE created their third resource this quarter, a Quick Guide to Person-Centered Care. This guide provides simple ideas to spark the change for a facility to begin to broaden the depth of person-centered care offered at their home. Resident voice and resident-directed care are central themes in the Final Rule, and the QIN-QIO seek to provide tools to make implementing changes easy. In addition, this quarter our QIN-QIO offered a webinar to educate on nursing home data and how to utilize it for improvement. This webinar educated on a basic level, assuming no expertise from the audience. It was very well received with 96% off respondents stating the webinar was excellent or above average. In addition, 89% of respondents stated that the webinar was very useful to their work. This is our central strategy of our QIN-QIO, to be relevant and timely in providing education and tools that are the most important to the needs of our participants.

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**44:10 Colorado nursing homes do not tend to participate in webinars so the C…… (1685:1897) - D 44: CO-Telligen**

Colorado nursing homes do not tend to participate in webinars so the C2 team has offered additional onsite trainings and technical assistance to homes this quarter. The response to this approach has been positive.

**● Resident Engagement COOC ZTask\_Qtrly\_Successes**

**6 Quotations:**

**16:6 New Mexico presently has 23/27 homes reaching a composite score of 6.0…… (63:577) - D 16: NM- HealthInsight**

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**○ rural**

**2 Quotations:**

**44:8 Additionally, the CO QIF traveled to rural parts of CO this quarter to…… (923:1095) - D 44: CO-Telligen**

Additionally, the CO QIF traveled to rural parts of CO this quarter to provide hands-on technical assistance with NHSN data entry and quality measure improvement strategies.

**44:11 Rural and alpine area nursing home providers are limited and hard to r…… (1900:2759) - D 44: CO-Telligen**

Rural and alpine area nursing home providers are limited and hard to replace and nursing home leadership is reporting difficulty with provider compliance with new ROP expectations including updating prescribing behaviors. The QIO has an excellent relationship with the Colorado Medical Director Association (CMDA). In collaboration, they are working to educate the non-metro area physicians and Medical Directors on CMS expectations and the importance of mindful prescribing of antipsychotics, antibiotics and opioids. NHSN monthly reporting by participating homes remains an ongoing challenge because of staff turnover, competing priorities and low CDI rates. Telligen continues to communicate with homes regularly (sometimes daily) via email, phone and site visits to provide TA on NHSN data submission and instructions on obtaining SAMS card for new users.

**○ SAMS**

**1 Quotations:**

**4:5 The challenge continues to be with the SAMS and NHSN system, the CDC r…… (887:1573) - D 4: NY-Atlantic**

The challenge continues to be with the SAMS and NHSN system, the CDC re-consent add-on task and arbitrary time line for completion, changed NH staff and subsequent re-work. Mitigating the external system challenges is limited as it is not within control of the QIO. We have ongoing and frequent communication with the NHs and provide technical support to help keep them engaged; we work as the liaison between SAMS, NHSN and NHs; we continue to assist and help NHs work through re-consent, SAMS cards, and NHSN reporting glitches; we review individual reports and events. Despite mitigation efforts, the NHs level of frustration and declining interest in NHSN usage continues to mount.

**○ Sepsis**

**2 Quotations:**

**15:6 The nursing home team have a number of successes this past quarter. T…… (54:260) - D 15: OH-HSAG**

The nursing home team have a number of successes this past quarter. The team created "Sepsis Tip Sheet". This one page document educates staff on how to recognize sepsis and how to possibly treat sepsis.

**17:4 Silver Ridge Healthcare Center implemented its sepsis protocol (using…… (63:558) - D 17: NV-HealthInsight**

Silver Ridge Healthcare Center implemented its sepsis protocol (using the toolkit provided as the foundation) in May. Within one month, the nursing home had four residents who triggered use of the protocol. Three of those residents were successfully treated in the nursing home, avoiding a transfer to the emergency department and a hospital admission. Only one resident needed to be transferred to the hospital; multiple co-morbidities made the transfer a safer avenue of care for this resident.

**○ Staffing-shortages**

**4 Quotations:**

**3:9 An ongoing challenge that impacts quality improvement progress in this…… (1482:1718) - D 3: DC-Atlantic**

An ongoing challenge that impacts quality improvement progress in this task is nursing home teams working with limited people resources and competing priorities. Their duties and responsibilities take priority over QIN-QIO initiatives.

**7:8 Challenge being faced by many ND nursing homes is need for psychiatric…… (1155:1604) - D 7: ND- Great Plains**

Challenge being faced by many ND nursing homes is need for psychiatric care that staff is not adequately trained for and severe shortage of psych care providers in our state. Hearing anecdotal reports of the few psych providers that do come out to facilities and round with residents being increasingly likely to add a/p meds as a first step in treatment and very rarely being open to concerns of nursing home staff regarding these prescriptions.

**8:4 One success is that the GPQCC listserv and e-newsletter is seen as a v…… (62:1042) - D 8: NE-Great Plains**

One success is that the GPQCC listserv and e-newsletter is seen as a valuable tool for nursing homes participating in the collaborative. The listserv topics are varied as to the subjects that are self-directed by the nursing homes and range from sharing of policies and procedures to problem-solving. This quarter there was an increase of 42 posts since the past quarter and 92 posts since February 1, 2018. Here are a couple of comments that were received recently by participants. Regarding the GPQCC listserv and the topic of TB screening of patients, “I have to say, I love this group! Look how many of us have been able to contribute to this topic!” Regarding the e-newsletter, “We had a meeting yesterday with the nurse leaders. We discussed our future goals and plans to obtain those goals. Today’s newsletter provided the exact links for QAPI, QM, CASPER reports, etc that I was wanting. :) Talk about perfect timing. Thank you for all the wonderful resources and support.”

**20:6 Staff turnover at all levels in the nursing homes continues to be a ba…… (1041:1537) - D 20: CTMAMENHVT-Healthcentric Advisors**

Staff turnover at all levels in the nursing homes continues to be a barrier for engagement and sustainability. The lack of available, qualified professionals to fill open positions in the nursing homes also continues to be a challenge for the New England QIN-QIO nursing home team. Despite these difficult challenges, the QIN-QIO continues to be engaged with nursing home leaders, corporate leadership and stakeholders to provide support to those nursing home participating in the Collaborative.

**○ Survey\_Turnover**

**1 Quotations:**

**6:5 The Kansas State Survey agency continues to have leadership and survey…… (1250:2738) - D 6: KS-Great Plains**

The Kansas State Survey agency continues to have leadership and surveyor turnover. This barrier has been consistently reported yet it continues to affect the providers in Kansas and our working relationship with the SSA. At this time, the SSA Director, RAI Coordinator and a Regional Manager position are vacant. We continue to have a contract company in Kansas completing surveys. Providers are now refocused on survey preparedness instead of pro-active engagement and improvement activities. We had previously reported a vacant Commissioner position yet that position has now been filled. The new commissioner is beginning to secure relationships and establish trust with staff, stakeholders and providers and our team believes that those tactics will help re-establish a strong, respected survey process. Once the new replacements have started, our team will facilitate a meeting with SSA leadership to discuss ways that we can continue to collaborate to ensure provider success and improve quality of life for the elders in Kansas. Our team has been successful with maintaining and building on the relationships with the RAI Coordinator and Regional Staff so this new change does impact our current relationship. The previous relationship with the RAI coordinator allowed us to ask questions for providers and get direction from the Survey team on survey concerns, MDS coding/submission. This tactic was also a successful tactic for building trust and relationships with the providers.

**○ Tools- QIN-QIO Developed**

**3 Quotations:**

**3:7 Excel tracking tools that create graphs have been provided to monitor…… (602:709) - D 3: DC-Atlantic**

Excel tracking tools that create graphs have been provided to monitor their selected collaborative topics.

**4:4 A promising strategy related to our infection control (c.difficile) ta…… (62:863) - D 4: NY-Atlantic**

A promising strategy related to our infection control (c.difficile) task work is the development and use of an electronic tracking tool. We developed an electronic infection control worksheet to assist nursing homes with tracking and trending infections in their facility. With the combination of both the infection and antibiotic tracking within the same tool, a facility has the opportunity to maintain one tool that will provide “real time” infection control data. With the simple entry of information relative to each infection and/or prescribed antibiotic, the data is instantaneously summarized for not only the entire facility, but the data can be drilled down by as many as 10 separate “user-defined” locations (units, wings, floors, etc.) each with its own data summary and supporting graphs.

**5:7 AQIN-SC also introduced its Nutrition Pathway for Clostridium diffici…… (1028:2175) - D 5: SC-Atlantic**

AQIN-SC also introduced its Nutrition Pathway for Clostridium difficile Infection (CDI) Colitis in Long-Term Care to other QIN/QIOs in the Quality Inc. National Call, added the tool to the Healthcare Communities C.2 Tools and Resources, and conducted a webinar on use of the tool. Seven other QIN/QIOs participated in the webinar, along with dietary managers, registered dietitians, infection preventionists, directors of nursing and nurses from the state mental health long-term care facilities. AQIN-SC continues to seek new avenues to address CDI infections and expand knowledge within the nursing home staff on this serious infection beyond those cohort facilities in the National Healthcare Safety Network (NHSN) CDI initiative. Subsequently the tool was also shared with the SC Hospital Association for distribution. A caregiver/patient-centered companion tool is under development which will be shared not only with nursing homes but also with other setting providers, including primary care. Input and edits will be sought from AQIN-SC's Community Advisory Panel comprised of beneficiary/caregivers prior to finalization and distribution.

**○ Trauma informed care**

**1 Quotations:**

**32:7 Our cross-task work providing education on mental health topics and tr…… (66:413) - D 32: WY-Mountain Pacific**

Our cross-task work providing education on mental health topics and trauma-care in LTC has been well received and identified as needed from our NH needs assessments. Needs assessments are essential to identify the NHs'-perceived needs; meeting NH needs is essential to maintaining their engagement to support any needs of the QIO NH quality work.

**○ Turnover**

**20 Quotations:**

**3:10 Add to that the turnover in staff and/or leadership and progress made…… (1719:2468) - D 3: DC-Atlantic**

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**○ Turnover-Ownership Change**

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**9:7 Skyline Health’s 19 nursing homes have been ordered into receivership…… (2454:3330) - D 9: SD-Great Plains**

Skyline Health’s 19 nursing homes have been ordered into receivership status on May 1, 2018. Receivership is a process where a court appoints temporary new management to oversee a business until new owners agree to purchase the business. Of these nineteen homes, twelve have antipsychotic rates above 16%. These homes have undergone a multitude of significant changes over the past two years; from implementation of the new nursing home regulations, new ownership in January, 2017 and now the receivership status. GPQIN SD is committed to assist these homes during this crisis to the extent that is possible and have had several communications with the receivership organization on technical assistance that the GPQIN SD can offer. It has been noted there is increased participation from the affected homes in LAN events and educational offerings over the past six months.

**10:5 Changes in nursing home staff and changing of facility ownership conti…… (1693:2521) - D 10: MD-HQI**

Changes in nursing home staff and changing of facility ownership continue to create time consuming tasks on the part of HQI. One facility recently had a change in both NHSN facility administrator and the Director of Nursing and were going through an ownership change. HQI helped the provider to develop a strategy to prevent gaps in NHSN reporting and planned an onsite visit to help them with Clostridium difficile infection (CDI) reduction. Delays in entering monthly data require HQI to provide direct assistance for NHSN registration and data entry. To date, four of sixteen Maryland “late adopter” facilities have not responded to outreach efforts. Efforts have included hard copy mailing, emails, technical assistance invites, and outreach efforts from stakeholders who also have relationships with the facilities.

**11:6 Changes in nursing home staff and changing of facility ownership conti…… (1377:1612) - D 11: VA-HQI**

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**31:5 It is very difficult to keep up with the ever changing staff and get t…… (1235:2018) - D 31: MT- Mountain Pacific**

It is very difficult to keep up with the ever changing staff and get them engaged. Turn-over is now complicated by several ownership/corporation sales in Montana. The corporate entities entering Montana are ones we have not previously worked with. Administrators are hesitant commit to QIO engagement when they are unsure of how the new corporate leadership will view this on top of learning not only the aspects of fairly new regulations but new corporate demands as well. To mitigate these challenges we try to build relationships with the Administrator, corporate regional representatives and continue training through webinars, email, coaching calls and onsite visits. It is our hope that as we continue to train and build trust the skills will eventually make a lasting impact.

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**32:5 The usual culprits of staff and leadership turnover and distractions w…… (654:1116) - D 32: WY-Mountain Pacific**

The usual culprits of staff and leadership turnover and distractions with regulatory compliance activities following surveys are the biggest challenges. Our only new potential mitigation strategies is monitoring the workforce shortages across all industries in WY and how to engage appropriate personnel into a limited number of CNA training programs. Aligning new leadership personnel with mentors within a corporation or trade association has been encouraged.

**43:9 Retention in leadership and NH staff continued as an ongoing issue; ne…… (2787:3164) - D 43: TX-TMF**

Retention in leadership and NH staff continued as an ongoing issue; new leadership and staff must be trained and encouraged to engage in the QI efforts, which may not be considered a priority, resulting from the frequent turnover. The changes in ownership and/or leadership usually prevent the stability and sustainability of any QI efforts, resulting in the need to start over.

**● Turnover-Ownership Change COOC ZTask\_Qtrly\_Challenges**

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