

Quality Monitors:

What They Do + Do They Help ?

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Disclosures

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OBJECTIVES

1. Provide background information on the history and goals of Quality Monitoring (QM) efforts under LTC Corporate Integrity Agreements (CAI's)
2. Describe the Site Visit Process during QM Site Visits at LTC facilities that is employed by Jackson and Associates, Inc.
3. Assist in understanding the positive impact that can be achieved from external Quality Monitoring efforts (DHHS OIG initiated).

External Quality Monitoring DHHS OIG Projects

- What is a CIA and a monitoring engagement?
- What have Quality Monitors been doing for the past 6 years?
- What Do I, as a Quality Monitor, Look for at a Site Visit
- The metrics for measuring the impact of these efforts are Outcome Measures
- What have we learned about systems used to guide the delivery of services (Quality of Care and Quality of Life)
- Implications for the future for the LTC system and Federal Health Care Policy

CIA's are REALLY different than the survey process

- Projects have a national perspective, as they often involve facilities in multiple states.
- Reporting obligations are both to CEO/Board of Company and to the OIG
- Focus is evaluating Company's own systems for quality improvement
 - Emphasis is on identifying both strengths and weaknesses
 - The ethos of the engagement is NOT like a survey

Systems Approach and Quality of Both Care and Life

- The QM assess quality of care and quality of life in facilities
- The QM also evaluates whether or not the provider's own systems are able to identify and effectively respond to identified concerns
- The QM then can assess the effectiveness of the corrective actions taken, examining all levels of the organization; facility, regional and corporate

What To Expect At QM Site Visits

- **QM evaluates quantitative quality-related data**
 - CMS 2567 reports
 - QI/QM report over past 3 months
 - Weight variance reports for past 6 months
 - Skin Status reports over past month
 - Any internal/corporate score card results
 - Accounts Payable Aging Report
 - Staff Turn Over Statistics

What To Expect At QM Site Visits

- **Evaluate Major Areas of Operations**
 - Administration
 - Quality of Care
 - Quality of Life
 - MDS/Care Plans
 - Rehabilitation - Therapy Services
 - Physical Plant and Environment
 - Performance Improvement/Satisfaction Surveys
 - Staff Development Program
 - Medical Records

What To Expect At QM Site Visits

- **Focus on direct observation of provision of care and documentation in the medical records**
 - Not a primary focus on written policies

 - Although well-written policies that are evidence-based, we have found that most issues we identify are based on inadequate implementation of policies, not on adequate implementation of poorly crafted policies.

What To Expect At QM Site Visits

- **QM Team always searches for both strengths and areas where there is an opportunity for improvement**
 - Believe strongly that focusing on problems does not create a balanced assessment of the status of any facility or system.

 - In a multi-facility organization, we select troubled facilities, average facilities and "best of breed" facilities.

 - We share Best Practices seen in other facilities related to areas where there is potential for significant improvement
 - Don't ever proscribe solutions

What To Expect At QM Site Visits

- **Administration (E.G.)**
 - Medical Director
 - Human Resources
 - Staff Recognition
 - HR

- **Quality of Care**
 - Skin Care
 - Nutritional Management
 - Fall Risk Management
 - Shift Change Process/24 hour Report
 - Pain Management
 - Admission and On-Going Risk Assessments

What To Expect At QM Site Visits

- **Quality of Life**
 - Social Services/Abuse Prevention/Grievance Process
 - Activities Programs
 - Dining Experience
 - Palliative Care/Hospice Services
 - Behavioral Management
 - Resident Rights

- **Performance Improvement**
 - PI Committee Process/Annual PI Plan
 - Satisfaction Surveys/"Guardian Angel Programs

What To Expect At QM Site Visits

- **Staff Development/Continuing Education**
 - Involvement of Medical Director
 - Required In-Service Programs, with Participation Documentation
- **Physical Plant and Environment**
 - Safety Committee and Preventive Maintenance
 - Housekeeping and Laundry
 - Disaster Plan/Drill and Fire D rills
- **Rehabilitation Services**
 - Physical Therapy + Occupational Therapy + Speech Therapy
 - Dialysis Services
 - Respiratory Therapy, if Present

What To Expect At QM Site Visits

- **Medical Records**
 - Thinning of Charts
 - Closing Records after Discharge
 - Review Charts from Resident Who had Unexpected Readmission to Acute Hospital
- **MDS-Care Plan**
 - Accuracy of Resident roster and Census and Condition Report
 - Updates of MDS assessments Following Change of Condition
 - Individualization of Care plans
 - Updating of Care Plans after incidents or accidents

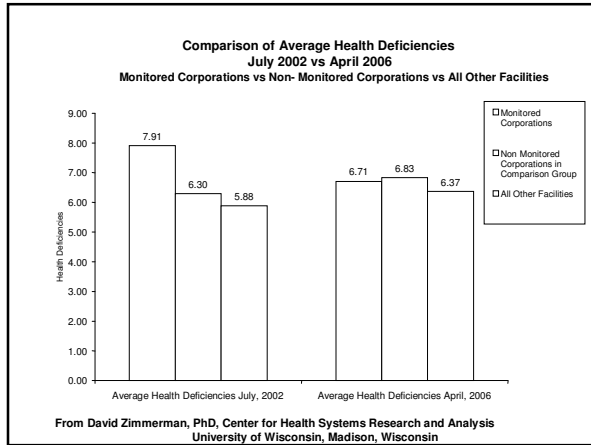
Quantitative Measurement of Impact of CIA QM Efforts

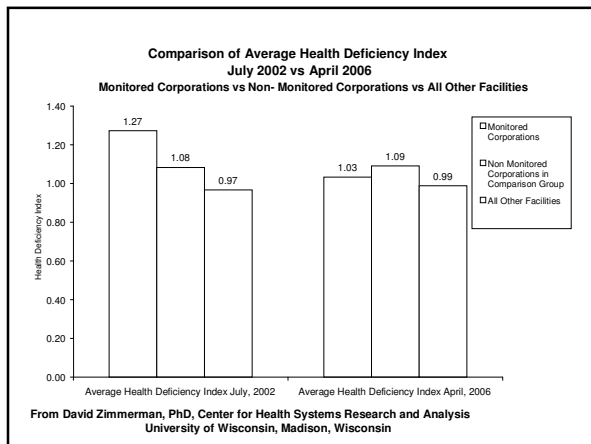
- **Analysis performed by Dr. David Zimmerman,**
 - CHSRA (Center for health Systems Research and Analysis) at the University of Wisconsin - Madison
- **They have been monitor for 9 CIA's for 6 years**
- **Completed visits to 746 nursing homes, Attended >100 regional QA meetings, 30 corporate level QA meetings and 15 board or board committee meetings**
- **J+A has been QM Monitor for >100 LTC facilities for over >three years with >100 site visits and 20 corporate meetings.**

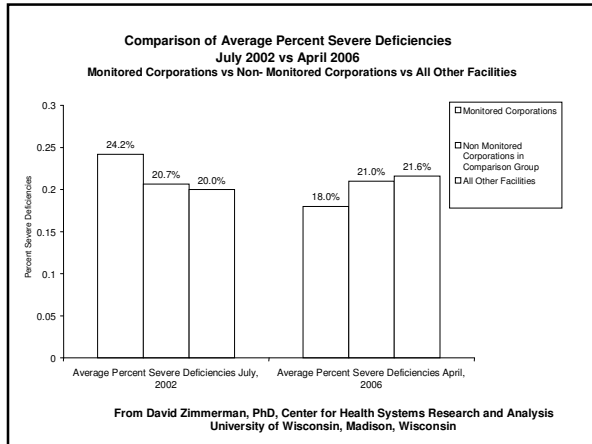
How does one measure the impact of QM efforts?

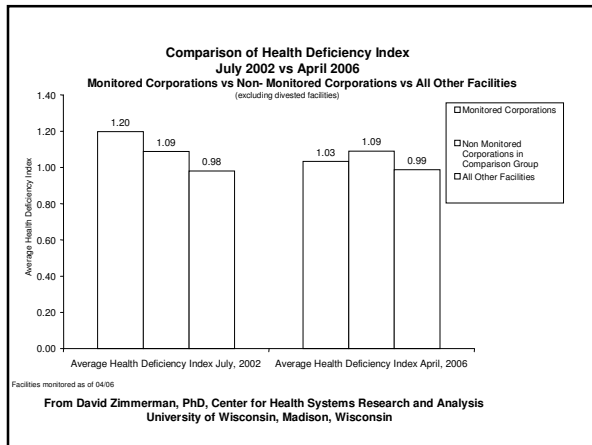
● **MEASURE OUTCOMES:**

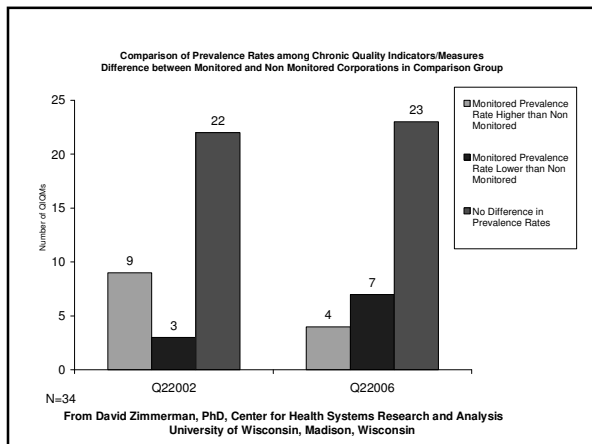
- Survey Results from OSCAR Data Base
- Quality Indicators and Quality Measures, Based on MDS data

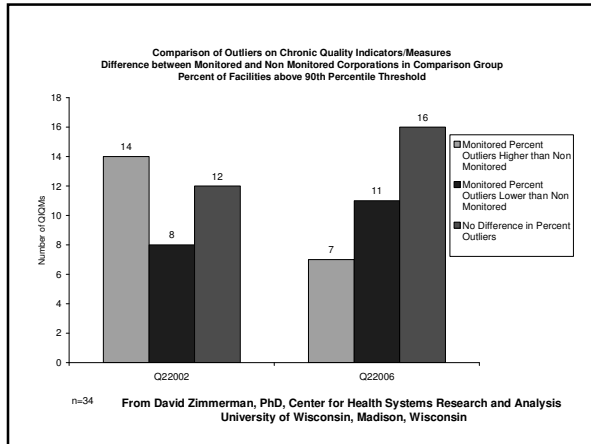












Overall Insights from CSHRA and H&A Site Visits/Corporate Meetings

- **Consistency is key to QA/I success Systems are more important than leaders**
- **Given increasing complexity of medical issues in LTC patients today and into the future, competencies of staff must be assessed and improved**
- **Key # 1 : Understand What Data Mean**
- **Key # 2 : Emphasize a Systems Approach and Use Root Cause Analysis**
- **Key #3: Nurture Care Givers and Identify Best Practices that Arise Inside an Organization**

Insights on Process

- District level efforts are the key to success of QA/I
 - It's an issue of span of control
- There is far too much variation in district competence and ability in QA/I
 - Variation between corporations, but also within corporations across districts and regions
- There needs to be more corporate leadership to provide support and accountability (in that order) to district efforts

Insights on Process

- **Systems are more important than “leaders”**
 - Because systems can survive people
 - Retention is critical in a high turnover industry and effective systems can help limit the effects of turnover

Insights on Quality

- **Staff competencies are the greatest challenge in sub-acute care settings**
- **Post-Acute Care (PAC) needs a fundamentally unique set of programs and staff competencies**
- **Admitting residents to increases census, when the facility is not able to provide necessary services is a substantial risk for the residents and the facility.**
- **Part of challenge is because LTC is considered by many health care professionals as a *second class* health care setting**

Take Home Lessons

- **A very strong case can be made for a positive impact for CIA's and Quality Monitoring**
- **The QM experience has confirmed the importance of internal provider capability to monitor, manage, and improve care**
- **There is a compelling business case for managing and improving quality in long term care**

Implications for the future

- Need to counteract the public tendency to think of the CIA as an indicator of a declining state of nursing home quality of care
- Transition out of CIA: Must plan and work with the provider to ensure an effective and efficient transfer of responsibility for the relevant QA/QI efforts to the provider
- What we learn from these efforts could be used more broadly in QI/QM efforts in the LTC system

Advancing Excellence in America's Nursing Homes

- Two year collaborative project to focus nation on improving quality in US LTC facilities
- Led by National Commission for Quality LTC
 - Co Chaired by Former Speaker Gingrich and Former Sen.. Bob Kerry
- Many diverse collaborating Organizations:
 - CMS - AMDA - AHCA - AAHSA
 - NCCNHR - SEIU - NAHCA - QIO's
 - ACHCA - Commonwealth Fund -

Advancing Excellence in America's Nursing Homes

- Improvement Goals for Eight (8) Areas were selected for this effort over the next two (2) years
 - All goals to be achieved by September 2008
- LTC facilities can join voluntarily this effort
 - Each facility that joins the project selects three of the eight goals. The site will then commit to reaching the improvement goals in at least each of the three selected areas.

Advancing Excellence in America's Nursing Homes

- Four Clinical Goals:
 - Reducing high risk pressure ulcers (to <10%)
 - Reducing the use of daily physical restraints (to <5%)
 - Improving pain management for longer term nursing home residents (Moderate to severe pain in less than 4%)
 - Improving pain management for short stay, post-acute nursing home residents (Moderate to severe pain in less than 15%)

Advancing Excellence in America's Nursing Homes

- Four Process Goals
 - #5 Establishing individual targets for improving quality;
 - 90% of facilities will establish QI goals using NHQI goal setting process
 - #6 Assessing resident and family satisfaction with the quality of care;
 - >80% of facilities will regularly assess customer satisfaction

Advancing Excellence in America's Nursing Homes

- #7 Increasing staff retention
 - National average turn over for clinical staff will be reduced 15% and >80% of facilities will measure turn over and develop action plans to improve this area.
- #8 Improving consistent assignment of nursing home staff, so that residents regularly receive care from the same caregivers.
 - At least 1/3 of LTC facilities will have adopted consistent staffing practice

Summary

- **Innovative PI efforts are underway in this industry. There are Best Practices to be emulated!**
- **Quality is the best overall business strategy, not just a socially sensitive desire.**
- **Clinical staff, including Medical Directors, are not well trained in PI process.**
- **Clinical Competencies for direct care LTC staff must be continually improved. Medical Directors can play a key role in ensuring that this occurs.**
