Operation Infection Control: Win the Battle Against Infections!

Health Services Advisory Group (HSAG)
Nursing Home Quality Care Collaborative (NHQCC)
Learning Session 3
2016

HSAG: Your Partner in Healthcare Quality

Nearly 25 percent of the nation’s Medicare beneficiaries

HSAG is the Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for Arizona, California, Florida, Ohio, and the U.S. Virgin Islands.
National NHQCC Collaborative Aims

- Ensure every NH resident receives the highest quality of care.
- Instill quality and performance improvement practices.
- Improve resident satisfaction.
- Eliminate healthcare-acquired infections (HAIs).
- Support the implementation of Quality Assurance & Performance Improvement (QAPI).
- Help NHs achieve a NH quality measure composite score of 6 percent or lower by January 2019.

We are Here for You!

No Cost!
Operation Infection Control:
Win the Battle Against Infections

Front Line Staff and Physician Engagement

Learning Session Objectives

1. Employ the “Change Bundle: To Prevent HAIs.”

2. Utilize QAPI tools and techniques for creating, modifying, and sustaining infection control teams.

3. Improve the knowledge of staff to appreciate the need for antibiotic stewardship.

4. Examine the benefits of vaccinations and probiotic use with residents at risk for Urinary Tract Infection (UTI), Clostridium difficile, and other common infections.

5. Disseminate training modules and tools on facility-wide Performance Improvement Projects (PIPs) implementation on infection control, surveillance, and analysis.
# Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
</table>
| 10:20 a.m.| Creating a Comprehensive Surveillance Program in Long-Term Care Facilities (LTCFs)  
Dolly Greene, RN, CIC  
Diagnostic Laboratories and Radiology |
| 11:00 a.m.| Try It Out: Surveillance and Data Analysis                              |
| 11:30 a.m.| It's Not Always a UTI: Diagnosing Infections in the Nursing Home         
Michael Wasserman, MD, CMD             |
| 12:00 p.m.| Lunch and Go for the Gold Recognition                                   |
| 12:50 p.m.| Addressing Infections in Nursing Homes Using QAPI                      
Jennette Silao, MPH, MBA               |
| 1:05 p.m. | Try It Out: Train-the-Trainer Activity                                   |
| 1:30 p.m. | How the Good Bugs Can Help Protect At Risk Residents                     
Rose Chen, MPH, RD                     |

---

# Agenda (cont.)

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
</table>
| 1:50 p.m. | The Role Vaccinations Play in Your Facility                            
Ezrah Lasola, RN                                  |
| 2:10 p.m. | Break                                                                   |
| 2:20 p.m. | Best Practices Panel Discussion                                        
Moderator: Michael Wasserman, MD, CMD            |
| 2:50 p.m. | Action Planning and Next Steps                                          |
| 3:20 p.m. | Closing Remarks and Evaluations                                         
Michael Wasserman, MD                             |
| 3:30 p.m. | Adjourn                                                                 |

---
Interactive Exercise: Getting to know you

• Pick a partner.
• Ask your partner a question not related to work. (2 minutes each)
• Introduce team.

Getting to Know Your Residents...

...is person-centered care.
Operation Infection Control:
Win the Battle Against Infections

Change Package

http://goo.gl/S2wO1f

QAPI®
Performance Improvement Projects (PIPs)
Apply the Change Bundle to Your PIP Action Plan!

Steps to Prevent Healthcare-Associated Infections

- Promote hand hygiene.
- Prevent transmission of infections by staff members, families, and residents.
- Establish and implement systemwide environmental cleaning policies.
- Identify and treat infections appropriately.
- Avoid indwelling catheter use, unless appropriately indicated.

Ensure healthy, safe residents. Prevent harmful infections.

Promote Hand Hygiene

Prevent transmission of infections by staff members, families, and residents.
Operation Infection Control: Win the Battle Against Infections

Cleaning Policies

Establish and implement system-wide environmental cleaning policies.

Infections

Identify and treat infections appropriately.
Catheter Use

Avoid indwelling catheter use unless appropriately indicated.

Questions
Creating A Comprehensive Surveillance Program in Long-Term Care

Dolly Greene, RN, CIC
Director of Clinical Services & Infection Control
Diagnostic Laboratories & Radiology

Objectives

1. Explain the surveillance tracking and trending process.
2. Discuss CMS proposals for nursing homes as conditions of participation.
3. Review forms for documenting findings.
4. Discuss how to analyze data collected.
5. Provide practical experience in developing intervention plans based on data collected.
New CMS Proposed Requirements

- Each facility’s infection prevention control program (IPCP) includes an antibiotic stewardship program
  - Revise antibiotic use protocols
  - Antibiotic monitoring
- The regulatory description of the IPCP to include
  - Infection prevention
  - Identification
  - Surveillance
  - Antibiotic stewardship

Where to Begin?

- Observations
- Interviews
- Medical Record audits
- Analysis of the data
The Interdisciplinary Coordinator

- The infection preventionist (IP) ensures exchange of essential information between all departments.
  - Data collection is thorough and documented.
  - IP oversees daily practices of staff.
  - IP acts as liaison between the facility and Public Health Department.


The Interdisciplinary Coordinator (cont.)

- IP advises healthcare team and visitors of isolation policies, as appropriate.
- IP provides surveillance summaries to the infection control/QAPI/safety committees.
- IP makes recommendations to committees for follow-up.

Track and Trend

- Track, trend, and review monthly/quarterly summary reports
- Map out infections on floor plan.
- Maintain multi-drug resistant organisms (MDRO) logs.
- Track IP nurse’s notes documenting infection control (IC) information each month.
- Create department checklist (nursing, dietary, housekeeping, etc.).
- Utilize antibiotic review form and hand hygiene/personal protective equipment audit form.

Source: Centers for Medicare and Medicaid Services, State Operations Manual, Appendix PP—Guidance to Surveyors for Long-Term Care Facilities, Rev. 149, 10-09-2015

Surveillance Data Collection Form

Source: Greene, D. and Cruz, A., Adapted from Surveillance Definitions of Infections in Long-Term Care Facilities: Revisiting the McGeer Criteria, Infection Control and Hospital Epidemiology, Vol. 33, No. 10 (2012): 965-977
Infection Prevention and Control Surveillance Log

FACILITY:     MONTH/YEAR:    
[  ] Monthly Report  [  ] Quarterly Report

Number of residents transferred to hospitals due to infections:
Number of Healthcare Associated Infections (HAI):
Number of Community Associated infections (CAI):
Rate of HAI per 1000 resident days for month:
Rate of CAI per 1000 resident day for month:
Number of infections cultured:
Number of resident days:

Resident Infection Prevention & Control

- # of TB Converters:
- # of Influenza Vaccine Administered:
- # of Pneumococcal Vaccine Administered:
- # of Employee Infection Reported:
- # of MDRO Health Associated Infection (HAI)
- # of MDRO Community Associated Infection (CAI)

MDRO Health Associated Infection (HAI)
- # of MRSA HAI:
- # of VRE HAI:
- # of C Difficile HAI:
- # Other MDRO's HAI:
MDRO Community Associated Infection (CAI)
- # of MRSA CAI:
- # of VRE CAI:
- # of C Difficile CAI:
- # Other MDRO's CAI:

- # HAI:  UTI w/o Catheter:
- # HAI:  UTI with Catheter:
- # HAI:  Resp:
- # HAI:  Skin:
- # HAI:  GI:
- # HAI:  Stool:
- # HAI:  Eye/Ear:
- # HAI:  Blood:

CDPH Directives (AFL):
Policy and Procedure Implementation/Revision/Review:
Care Plan Reviewed:

Total # of Infections for Quarter:

Issue(s) Identified:
Plan of action based on the issues identified:
Action Plan:
Responsibles:
Goal Date:
Follow-up of prior concern:
Resolved: (yes/no)
Comments (reason not resolved and action plan):

The meeting adjourned at:             (am/pm)
Infection Preventionist:
Report to: CQI Committee
Medical Director Name::
DNS Name::
Administrator Name:

Carbapenemase-producing CRE in the United States


States with KPC-producing Carbapenem-resistant Enterobacteriaceae (CRE)

This map was last updated on February 2015

## Operation Infection Control: Win the Battle Against Infections

### VRE Line Listing Report

<table>
<thead>
<tr>
<th>VRE LINE LISTING REPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURSING STATION/UNIT: _________</td>
</tr>
<tr>
<td>NAME OF RESIDENT</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Source: Dolly Greene, 2009

### Audit and Feedback

- Hand hygiene compliance
- PPE compliance
- Treatment nurse audit
- Housekeeping: daily and terminal cleaning audits
- Departmental audits
# Infection Control Compliance Audit

**Infection Control Compliance Audit**

<table>
<thead>
<tr>
<th>NAME of PERSON OBSERVED</th>
<th>ROLE IN FACILITY</th>
<th>OBSERVATION ROOM NUMBERS</th>
<th>STANDARD PRECAUTIONS</th>
<th>TRANSMISSION-BASED ISOLATION PRECAUTIONS</th>
<th>GLOVES &amp; LINEN</th>
<th>POSTING OF ISOLATION SIGNS</th>
<th>OBSERVATION DATE</th>
<th>EVALUATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:**
- **ISOLATION VARIANCE NON-COMPLIANCE TO NOTE IN THE "NO" COLUMN:** GLOVES, GOWNS, MASK, OR GOGGLES NOT USED WHEN INDICATED.

Source: Dolly Greene, 2009

---

# Treatment Nurse Observation

**Treatment Nurse Observation**

<table>
<thead>
<tr>
<th>TREATMENT NURSE OBSERVATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURSE OBSERVED:</td>
</tr>
</tbody>
</table>

| DATE:                      |

<table>
<thead>
<tr>
<th>OBSERVATION</th>
<th>YES</th>
<th>NO</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CONCLUSION:**

Source: Dolly Greene, 2009

---
Operation Infection Control:
Win the Battle Against Infections

Let’s Get Started

- In-service your licensed staff on their role in data collection
- Instruct licensed nurses on how to fill out IC surveillance forms
- Consider getting an assistant for IP to perform audits
- Select forms to be used and designate where they will be kept for the IP to retrieve and review
- Review documentation often—this is an ongoing program
- Data collected must be reviewed frequently (weekly)

Environmental Audits

- Sample audits can be found in California Department of Public Health (CDPH) Enhanced Standard Precautions Guideline (2010)
  - Daily cleaning checklist
  - Terminal cleaning checklist

Revised McGeer Criteria (2012)

• Definition of infection for long-term care facilities
• A consistent way to judge each possible infection event
• Compare observed signs and symptoms of each resident with McGeer’s Criteria to distinguish between:

   **Community-acquired infection (CAI)**
   - Developed outside of LTCF

   **Healthcare-associated infection (HAI)**
   - Your nosocomial event

   **Does not meet criteria (DNMC)**
   - Not enough symptoms present in the precise site of suspected infection


Do You Have A Problem?

• Surveillance helps to track, trend, and establish if you are experiencing an outbreak.
• What constitutes an outbreak?
• When do increased numbers of infections need to be investigated or reported?
The ability to think, make decisions, and take action at the system level is a prerequisite for QAPI success.

QAPI Steps

- Establish a steering committee to direct QAPI activities.
  - Establish a leader/QAPI champion.
- Use data from Surveillance Program to identify specific problems.
- Conduct a root cause analysis (RCA) to get to the heart of the problem.
- Engage staff members to develop and execute strategies; to undertake systemic changes.
- Incorporate education and training component in QAPI activities.
- Charter a performance improvement project (PIP).
Operation Infection Control:
Win the Battle Against Infections

Documentation

• Tell a story in your documentation.
• Documentation should explain how you arrived at your decisions.
• Document management plans, challenges, interventions, follow-up, etc.

Antimicrobial Stewardship Plan

• Develop policy for Antimicrobial Stewardship Plan (ASP).
• Review use of antibiotics.
• Share findings with QAPI committee and all clinicians in your facility.
• Focus efforts on one problem as a starting point.
  • Begin with the obvious (e.g. urinary tract events).
  • Design education campaign to include all licensed nurses.

Source: The National Center for Emerging and Zoonotic Infectious Diseases, CDC. Core elements of hospital antibiotic stewardship programs. 2014. Source: Centers for Medicare and Medicaid Services, State Operations Manual, Appendix PP: Guidance to Surveyors for Long-Term Care Facilities, Rev. 189.10-09-2015
Operation Infection Control: Win the Battle Against Infections

Communication is Key!

Facility Team
Providers
Public Health
Acute Care Partners

Summary

- Surveillance requires a high level of suspicion.
  - Allow for adequate time to investigate.
  - Utilize effective forms and analyze data.
  - Track data on an ongoing basis.
- Document all interactions with physicians.
  - Train nurses to give thorough reports to physicians.
  - Dialogue with doctors about options.
- Analyze data using McGeer’s criteria.
Key Takeaways

Each possible infection event must be individually assessed on its own merit.

Develop interventions appropriate to individual resident conditions.

Questions
References

- Centers for Medicare and Medicaid Services (CMS), State Operations Manual, Appendix PP - Guidance to Surveyors for Long-Term Care Facilities (LTCF), Rev. 149, 10-09-2015.
- Dolly Greene. 2009.
- The National Center for Emerging and Zoonotic Infectious Diseases, CDC. Core elements of hospital antibiotic stewardship programs. 2014.

Thank You!
Dolly Greene, RN, CIC
Director of Clinical Services & Infection Control
Diagnostic Laboratories & Radiology
Try It Out
Surveillance and Data Analysis

Nursing Homes, Diagnosing the Elderly: It’s NOT Always a UTI!

Michael R. Wasserman, MD, CMD
Director, Nursing Home, HSAG
Disclaimer

• Michael R. Wasserman, MD, is a member of the Editorial Board for The Merck Manual

Learning Objectives

• Determine appropriate diagnosis of urinary tract infection (UTI) in nursing home (NH) residents
• Appropriate labs and use of antibiotics (ABX)
• Defining a fever
• Asymptomatic bacteriuria versus UTI
• Case study
• Prevention and treatment of Clostridium difficile
• Use of probiotics
Why Focus on UTI?

• **30–60%** of antibiotics used in skilled nursing facility are for suspected UTIs.¹
• **40–75%** of antibiotics used may be unnecessary or inappropriate.²
• The point prevalence of asymptomatic bacteriuria in long-term care residents range from **25–50%**.³

Sources:
Diagnosing UTIs in NHs: Flipping a Coin

Create a Baseline: Assess Your Patients

- What is their activity level?
- Are they fatigued?
- What is their temperature?
- What is their cognitive status?
- Are they having pain?
- Has anything changed?
Detecting an Infection: Change in Condition

- New or increased confusion
- Incontinence
- Falls
- Deteriorating mobility
- Reduced food intake
- Failure to cooperate with staff

Fever
Defining a Fever

A single oral temperature >100° F

Repeated oral temperatures >99.5° F

Increase of >2° F above baseline temperature

Most Useful Diagnostic Labs to Identify Infection

• An elevated white blood count (WBC) count of >14K.
• A left shift >6 percent is indicative of a bacterial infection.
• The higher the WBC count and/or the higher the bandemia (bands), the greater the likelihood of a bacterial infection.

Pyuria

“Pyuria Among Chronically Incontinent but Otherwise Asymptomatic NH Residents”

**Design:** Prospective, descriptive case series

**Setting:** Six NHs

**Participants:** 214 chronically incontinent, but otherwise asymptomatic, NH residents who were enrolled in a clinical intervention trial for urinary incontinence

Objective

To determine the prevalence of pyuria and its relationship to bacteriuria in a representative sample of chronically incontinent NH residents.

Measures

214 urine specimens were collected by a validated, clean-catch technique. Each specimen underwent dipstick testing for leukocyte esterase, microscopic urinalysis to determine the number of WBCs per high-power field of centrifuged urine, and quantitative urine culture using standard laboratory techniques.
Results

- **Prevalence of pyuria**: 45 percent, (> 10 WBC/high power field [HPF])
- **Prevalence of bacteriuria**: 43 percent, (>100,000 colony forming units [CFUs])
- **Bacteriuria**: 59 percent with pyuria
- **No bacteriuria**: 34 percent with pyuria
- **Pyuria**: 56 percent had bacteriuria
- **No pyuria**: 31 percent had bacteriuria
- **Leukocyte esterase positive**: sensitivity of 83 percent and a specificity of 52 percent for pyuria on microscopic urinalysis

Conclusions

- Pyuria common among incontinent NH residents
- Must be cautious in interpreting pyuria
- Using pyuria can result in unnecessary use of antibiotics
- Bacteriuria has similar issues
Asymptomatic Bacteriuria

Definition of Asymptomatic Bacteriuria

A positive urine culture does not prove that a patient has a urinary tract infection (UTI). The term *asymptomatic bacteriuria* (ASB) is used to suggest that a patient has bacteria in the urine, but not a true infection; a true UTI is bacteriuria in association with specific symptoms arising from the urinary tract.
Results

ASB does not always equal UTI!

Physicians must be thorough in their testing and diagnosis

The elderly, especially those residing in NHs, have a higher incidence of ASB than other populations

Conclusions

• If antimicrobial therapy is continued as a regular and often unnecessary course of treatment, residents will become ABX resistant.
• The prevention of ASB is unnecessary if treatment is not needed.
• Good perineal hygiene and frequent bladder emptying is important.
• Little data exists on effective prevention of UTIs in the NH setting.
Is Urine the Answer? What to Look for...

Acute dysuria?

- Yes
- No

Yes

Fever, ↑ WBC/bands?

- Yes
- No

Yes

Fever, ↑ WBC/bands?

- Yes
- No

No UTI

UTI

One of the following

- CVAT
- Suprapubic pain
- Hematuria
- New or increased incontinence
- New or increased urgency
- New or increased frequency

Two of the following

Yes

Warning!

Never Assume Anything
Other Infectious Etiologies That May Cause Fever and Elevated WBC

- Pneumonia: hypoxemia or tachypnea; abnormal chest x-ray
- Viral respiratory infection
- Skin or soft tissue infection
- Gastrointestinal infection

Case Example
Case Example: Background

- Sadie Smith, 106 year-old woman
- Resides in Shady Acres Nursing Home
- Ambulates with use of a walker, but recently started demonstrating cognitive impairment
- Incontinent of urine, wears adult diapers
- Responded well to toileting program
- Not on medications
- Suffers from macular degeneration and is hard of hearing

Case Example: Change in Condition

- Two days ago, Sadie complained of feeling tired and achy.
- Temperature 97.5°F and blood pressure 180/60
- Urinalysis and complete blood count (CBC) were ordered.
Case Example: Lab Results

**Urinalysis**
25–50 WBCs and bacteria

**CBC**
WBCs: 6.5K
50% neutrophils
0% bands

Case Example: Treatment

**Scenario 1:**
Over the next few days, Sadie was monitored and began feeling better.

**Scenario 2:**
Sadie was started on Amoxicillin 500mg POx7 days. Two weeks later, she began developing watery stools, four times daily.
Antibiograms

An antibiogram is the result of an antibiotic sensitivity test, a laboratory test for the sensitivity of an isolated bacterial strain to different ABX. It is by definition an in vitro sensitivity, but the correlation of in vitro to in vivo sensitivity is often high enough for the test to be clinically useful.
Risk of *Clostridium difficile*

- One of the largest risks for inappropriate ABX
- Significant morbidity and mortality in NHs
- Endemic pathogen in NHs
- Prevention and treatment evolving
  - Appropriate ABX treatment
  - Use of probiotics
  - Infection control precautions
  - Fecal transplantation

Probiotics as Prevention and Treatment of *Clostridium difficile*

- Evidence is mixed
- Core common benefits
- Prevention during antibiotic treatment
  - Saccharomyces boulardii
- Treatment after antibiotics
  - Lactobacillus should be okay
- Monitor for side effects, e.g. constipation
- Benefits seem to outweigh risks
Conclusion

UTI and ASB are not mutually exclusive

Antibiotic stewardship and the use of probiotics may be effective in the treatment and prevention of C. diff

Assessing your patient properly and using appropriate labs are essential to diagnostics

It is rarely just one diagnosis in frail elderly!
Questions

Thank you!
Michael R. Wasserman, MD, CMD
mwasserman@hsag.com
Addressing Healthcare-Associated Infections in Nursing Homes Using Quality Assurance & Performance Improvement

Jennette Silao, MBA, MPH
Associate Director, Nursing Home, HSAG

Objective

- Utilize Quality Assurance & Performance Improvement (QAPI) tools and techniques for creating, modifying, and sustaining infection control teams.
“Transforming the lives of nursing home residents through continuous attention to quality of care and quality of life”

Five Elements of QAPI

1. Governance and Leadership
2. Quality of Care, Quality of Life, Resident Choice
3. Feedback, Data Systems, and Monitoring
4. Performance Improvement Projects
5. Systematic Analysis and Systematic Action
Performance Improvement Project (PIP) Process

1. Identify problem or opportunity
2. Set SMART goals
3. Action plan
4. Spread the intervention
5. Performance Improvement Project (PIP) Completed

Form a PIP Team

- Address infection control issues
  - Are infections widespread or confined to a specific section of the building?
Operation Infection Control:  
Win the Battle Against Infections

Identify Areas for Improvement

- Number of reported HAIs
  - Do we have an issue with HAIs?
  - How effective are our systems for tracking HAIs?
- Scope of the problem
  - Which type of HAI is our biggest challenge?
  - Which residents are most at risk for infections, and why?
  - Are there environmental factors associated with our infection rates?

Analyze Data and Set Goals

- Conduct surveillance and monitor infections.
- Determine which measures are important to your organization.
  - Choose one or more HAIs to monitor progress over time.
- Outcome measures:
  - Percentage of residents with Urinary Tract Infections (UTIs), Clostridium difficile infections (CDIs), or respiratory infections
  - Percentage of residents hospitalized with HAIs
Analyse Data and Set Goals (cont.)

• Process measures:
  – Percentage of residents and staff members who receive a flu vaccine annually
  – Percentage of staff members and residents who have received a pneumonia vaccine
  – Staff member compliance with hand hygiene protocols
  – Staff member compliance with environmental cleaning procedures

---

Analyse Current Processes

• Policies and procedures
  – What processes do we have in place to prevent the spread of infection?
  – What system do we use to conduct surveillance for HAIs?
  – Do we produce HAI data feedback reports?
Conduct a Root Cause Analysis (RCA)

- Discuss root causes of your area(s) of concern.
  - Are we good stewards of antibiotics?
  - Are we having employee absences due to illness?
  - Are employees washing their hands at all appropriate times?
  - Do environmental cleaning services meet our expectations?

Develop and Implement Quality Initiatives

- Education
  - Infection surveillance
  - Review infection prevention policies and procedures
  - Resident influenza and pneumococcal vaccines
  - Hand hygiene
  - Report unusual resident changes
  - Proper cleaning techniques
Develop and Implement Quality Initiatives (cont.)

- System changes
- Policy changes
- Enhance communication procedures
  - Situation, Background, Assessment, Recommendation (SBAR)
  - Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS)

Test Changes Using the PDSA* Cycle

- During a PIP, attempt some changes and then see whether or not they made a difference in the area you were trying to improve using the PDSA cycle.
Follow Through to Completion

Monitor the QI Plan to Sustain Improvement

Monitor:
• Data feedback reports.
• Environmental cleaning processes.
• Compliance with hand hygiene.
• Adherence to personal protective equipment (PPE).
• Vaccination rates among staff members and residents.
Operation Infection Control:
Win the Battle Against Infections

Resources

Infection Surveillance

http://www.cdc.gov/nhsn/LTC/index.html
Infection Surveillance

- The U.S. Department of Health and Human Services (HHS) has developed a strategy to address infections in LTCFs in Phase 3 of the National Action Plan to Prevent HAIs: Roadmap to Elimination
  - **Phase 3**
    - LTCFs
    - Commitment—reducing the national rate of HAIs

Antibiotic Stewardship

QAPI Resources

- Explore a differential goal.
- Identify baseline.
- Examine processes.
- Create improvement.
- Engage staff members.
- Monitor and sustain improvement.
- Celebrate success.

https://www.nhqualitycampaign.org/goalDetail.aspx?g=inf

NNHQCC Tools for QAPI Implementation

QAPI at a Glance
- Step-by-step guide to implementing QAPI, including the steps to write a QAPI plan
- Excellent problem-solving models (e.g., RCA) outlined in this resource

Change Package
- Menu of strategies, change concepts, and actionable items that will be helpful in finding solutions to challenge areas
- A great reference during QAPI PIP meetings when trying to problem solve and/or look for ideas

Both documents available at:
http://go.cms.gov/Nhqapi
Operation Infection Control:  
Win the Battle Against Infections

QAPI Resources

- Advancing Excellence in America’s Nursing Homes:  
  www.nhqualitycampaign.org
- CMS QAPI Website:  
  http://go.cms.gov/Nhqapi
- HSAG QAPI Resources:  
- INTERACT (Interventions to Reduce Acute Care Transfers) Version 4.0:  
  https://www.interact2.net
- Institute for Healthcare Improvement:  
  www.ihi.org
- Agency for Healthcare Research and Quality:  
  www.ahrq.gov
- Pioneer Network:  
  www.pioneernetwork.net
- QAPI Process Tool Framework:  
- The Institute for Health Care Improvement’s Model for Improvement:  
  www.ihi.org/resources/Pages/HowtoImprove/default.aspx

Questions

???????
Try It Out: Root Cause Analysis (RCA)
Train-the-Trainer Activity

Evangeline Molnar, NHA, BS
Quality Improvement Specialist, Nursing Home, HSAG

Case Study

Starview Convalescent Center is a 60 bed long-term care facility (LTCF). The facility is divided into two units, Unit A, which mostly comprises the long term residents, and Unit B, housing short-term residents.
Case Study (cont.)

While reviewing their quarterly CASPER Report, the team noticed that their UTI Quality Measure was high at 15.5% as compared to the State (3.7%) and national (4.9%) average.

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>CMS ID</th>
<th>Data</th>
<th>Num</th>
<th>Denom</th>
<th>Facility Observed Percent</th>
<th>Facility Adjusted Percent</th>
<th>Comparison Group State Average</th>
<th>Comparison Group National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>UTI (U)</td>
<td>ND24.01</td>
<td>9</td>
<td>58</td>
<td></td>
<td>15.5%</td>
<td>15.5%</td>
<td>3.7%</td>
<td>4.9%</td>
</tr>
</tbody>
</table>

Case Study (cont.)

The team decided to look into all the residents listed as having had a UTI.

The majority of these residents were housed in Unit A and numerous residents had experienced repeated UTIs in the last three months.
Case Study (cont.)

On their very first PIP meeting, the team decided to conduct a Root Cause Analysis (RCA) to determine the causes of the high incidence of UTI in Unit A.

Let’s Conduct an RCA Case Study

<table>
<thead>
<tr>
<th>Category: Processes/Methods</th>
<th>Category: Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Problem: UTI QM of 15.5 percent, based on CASPER report</td>
</tr>
<tr>
<td>Category: Materials/Equipment</td>
<td>Category: People</td>
</tr>
</tbody>
</table>

Goal
Decrease the percentage of members with Urinary Tract Infection (UTI) in Maryview Convalescent Center from 15.5 percent to 4.9 percent by December 31, 2016, based on the facility CASPER report.

Potential Categories
- Processes/Methods
- Environment
- Policy and Procedures
- Materials/Equipment
- People
Lessons Learned

Thank You!
How the Good Bugs Can Help Protect At-Risk Residents

Rose Chen, MPH, RD
Quality Improvement Specialist, Nursing Home, HSAG
Learning Objective and Outline

**General Objective:**
Examine the potential benefits of probiotic use with residents at risk for *Clostridium difficile* infection (CDI).

**Outline:**
- Overview of the use of probiotics and specifically as related to reducing antibiotics-associated diarrhea (AAD) and *Clostridium difficile*-associated diarrhea (CDAD)
- Common probiotics treatment options
- Key takeaways

Definition

"**Probiotics** are *live microorganisms* (in most cases, bacteria) that are similar to beneficial microorganisms found in the human gut. They are also called “**friendly bacteria**” or “**good bacteria.**” Probiotics are available to consumers mainly in the form of dietary supplements and foods."

-National Institutes of Health (NIH) National Center for Complementary and Integrative Health (NCCIH)
Probiotics Role in Gut Microbial Health

What are we trying to do with probiotics?

Key functions of the microbiome in health:
- Protection against pathogens
- Interaction with the immune system
- Digestive enzyme activity
- Synthesis of vitamins
So many studies, but still so many unanswered questions!


So What Do We Know About Probiotics?

Predominantly studied in a wide range of gastrointestinal diseases:

- AAD
- CDAD
- Inflammatory bowel disease and Necrotizing enterocolitis

Other major areas of research:

- Immune system
- Antimicrobial resistant organisms
So What Do We Know About Probiotics? (cont.)

- National Institute of Health research shows that there is some evidence* that probiotics may be helpful for acute diarrhea, and AAD.
- Studies suggest that probiotics usually have few side effects.*


What About The Elderly?
Common Probiotics Treatment Options

• Probiotic products may contain different types of probiotic bacteria and have different effects in the human body.

• The probiotic dosage and combinations that have shown efficacy for AAD are as follows:
  – *S. boulardii* 4 × 10⁹ to 2 × 10¹⁰ colony forming units (CFU) daily for 1–4 weeks;
  – *Lactobacillus rhamnosus* strain GG 6 × 10⁹ to 4 × 10¹⁰ CFU daily for 1–2 weeks;
  – *L. acidophilus* and *L. bulgaricus* 2 × 10⁹ CFU daily for 5–10 days;
  – *L. acidophilus* and *Bifidobacterium longum* 5 × 10⁹ CFU daily for 7 days; and
  – *L. acidophilus* and *B. lactis* 1 × 10¹¹ CFU daily for 21 days

Saccharomyces Boullardii

• Yeast
• It is amongst the best-studied strains of probiotic and has been used widely in Europe for the prevention of AAD.
• Adverse effects are rare.

Concerns:
• Yeast allergy
• Case report of fungemia

Key Takeaways and Things to Consider

- Evidence is mixed
- Core common benefits for GI diseases, such as AAD and CDAD
- Ideas worth considering with the use of probiotics:
  - Prevention during antibiotic treatment
  - Treatment after antibiotics
- Monitor for possible side effects
- Benefits seem to outweigh risks

References

Protect your Residents: The Vital Role of Vaccinations

Ezrah Lasola, BSN, RN, RAC-CT
Quality Improvement Specialist, Nursing Home, HSAG
Objectives

1. Identify two vaccinations that trigger the composite score.
2. Review the importance of vaccinations for the nursing home population.
3. Examine the relationship between the minimum data set (MDS) and the Influenza and Pneumococcal quality measures (QM).
4. Garner takeaway lessons learned to implement in your facility.

The Reality

Influenza
- Eighth leading cause of death in the United States

Pneumonia
- Fifth leading cause of death in the U.S.
- *Streptococcus pneumoniae* – most frequently identified cause of bacterial pneumonia

Source: Centers for Disease Control and Prevention
Influenza and Pneumonia Related Deaths in California

Source: [http://www.cdc.gov/flu/weekly/nchs.htm](http://www.cdc.gov/flu/weekly/nchs.htm)

10% 8% 143

Influenza
Influenza

Influenza is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and can result in hospitalization or death. Transmitted through droplet.

High-Risk Population

- 5 and under
- 65 and older
- NH residents
- Pregnant
High-Risk Population

- 5 and under
- 65 and older
- NH residents
- Pregnant

Conditions that Increase Risk

- Asthma
- Neurological and neurodevelopmental conditions
- Chronic lung disease
- Heart disease
- Blood disorders
- Endocrine disorders
- Kidney disorders
- Liver disorders
- Metabolic disorders
- Weakened immune system due to disease or medication
- People younger than 19 years of age who are receiving long-term aspirin therapy
- Morbid obesity
Understanding the Influenza QM

- Percentage of Residents who were assessed and appropriately given the seasonal influenza vaccine (S)
- Percentage of Residents who were assessed and appropriately given the seasonal influenza vaccine (L)

Influenza Vaccine QM (S) and (L)

**Numerator**

- Received the flu vaccine during the most recent influenza season, either in the facility (O0250A = [1]) or outside the facility (O0250C = [2]); or
- Offered and declined the flu vaccine (O0250C = [4]); or
- Resident was ineligible due to medical contraindication(s) (O0250C = [3])
Influenza Vaccine QM (S) and (L) (cont.)

**Denominator**
- Short Stay – All short-stay residents with a selected influenza vaccination assessment, except those with exclusions.
- Long Stay – All long-stay residents with a selected influenza vaccination assessment, except those with exclusions.

**Exclusions**
- Resident’s age on target date of selected target assessment is 179 days or less.

When is the Influenza Vaccine QM Calculated?

This measure is only calculated once a year with a target period of **October 1 of the prior year to June 30 of the current year** and reports for the **October 1 through March 31** influenza vaccination season. (QM Manual V9.0)
Pneumococcal disease is a lower respiratory infection caused by *Streptococcus pneumoniae* bacteria.

- Pneumococcus is one of the most common causes of severe pneumonia.
- Transmitted through **direct contact** with respiratory secretions.
High-Risk Population

5 and under

65 and older

NH residents

High-Risk Population

5 and under

65 and older

NH residents
Conditions that Increase Risk

• Chronic illnesses (lung, heart, liver, or kidney disease; asthma; diabetes; or alcoholism)
• Immune system conditions (HIV/AIDS, cancer, or damaged/absent spleen)
• Living in NHs or other long-term care facilities
• Cochlear implants or cerebrospinal fluid (CSF) leaks
• Smoking

Understanding the Pneumococcal QM

• Percentage of Residents who were assessed and appropriately given the pneumococcal vaccine (S).
• Percentage of Residents who were assessed and appropriately given the pneumococcal vaccine (L).
Pneumococcal Vaccine QM

**Numerator**

- Pneumococcal vaccine status is up to date (O0300A = [1]);
  - or
- vaccine offered and declined (O0300B = [2]);
  - or
- ineligible due to medical contraindication(s) (O0300B = [1])

**Denominator**

- Short Stay—All short-stay residents with a selected target assessment.
- Long Stay—All long-stay residents with a selected target assessment.

**Exclusions for Short Stay**

- Resident’s age on target date of selected target assessment is less than 5 years (i.e., resident has not yet reached 5 years old on target date).
Find it in Section O of the MDS

O0205: Influenza Vaccine

O0250. Influenza Vaccine: Refer to current version of RA manual for current flu season and reporting period

A. Did the resident receive the influenza vaccine in this facility for this year’s influenza season?
   0. No → Skip to O0250C, if influenza vaccine not received, state reason
   1. Yes → Continue to O0250B, Date vaccine received

B. Date vaccine received → Complete date and skip to O0300A, Is the resident’s Pneumococcal vaccination up to date?

   Month   Day   Year

C. If influenza vaccine not received, state reason:
   1. Resident not in facility during this year’s flu season
   2. Received outside of this facility
   3. Not eligible - medical contraindication
   4. Offered and declined
   5. Not offered
   6. Inability to obtain vaccine due to a declared shortage
   9. None of the above

O0300: Pneumococcal Vaccine

O0300. Pneumococcal Vaccine

A. Is the resident’s Pneumococcal vaccination up to date?
   0. No → Continue to O0300B, If pneumococcal vaccine not received, state reason
   1. Yes → Skip to O0400, Therapies

B. If pneumococcal vaccine not received, state reason:
   1. Not eligible - medical contraindication
   2. Offered and declined
   3. Not offered

Find it on Nursing Home Compare

<table>
<thead>
<tr>
<th></th>
<th>CALIFORNIA AVERAGE</th>
<th>NATIONAL AVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of short-stay residents who self-report moderate to severe pain, Lower percentages are better.</td>
<td>1.1%</td>
<td>12.7%</td>
</tr>
<tr>
<td>Percent of short-stay residents with pressure ulcers that are new or worsened, Lower percentages are better.</td>
<td>0.6%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Percent of short-stay residents assessed and given, appropriately, the seasonal influenza vaccine, Higher percentages are better.</td>
<td>88.1%</td>
<td>81.8%</td>
</tr>
<tr>
<td>Percent of short-stay residents assessed and given, appropriately, the pneumococcal vaccine, Higher percentages are better.</td>
<td>93.4%</td>
<td>81.6%</td>
</tr>
<tr>
<td>Percent of short-stay residents who newly received an antipsychotic medication, Lower percentages are better.</td>
<td>1.3%</td>
<td>1.5%</td>
</tr>
</tbody>
</table>
Find it on your Composite Score Data

<table>
<thead>
<tr>
<th>Reporting Period (Jan 2015 - Jun 2015)**</th>
<th>Your Facility*</th>
<th>Northern CA</th>
<th>CA</th>
<th>Nation</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>D</td>
<td>%</td>
<td>N</td>
<td>D</td>
</tr>
<tr>
<td>One or More Falls with Major Injury</td>
<td>1</td>
<td>81</td>
<td>1.23%</td>
<td>2.14%</td>
</tr>
<tr>
<td>Self-Report Moderate to Severe Pain</td>
<td>13</td>
<td>52</td>
<td>25.00%</td>
<td>8.05%</td>
</tr>
<tr>
<td>High-Risk Residents with Pressure Ulcers</td>
<td>1</td>
<td>54</td>
<td>1.85%</td>
<td>6.13%</td>
</tr>
<tr>
<td>Flu Vaccine***</td>
<td>5</td>
<td>81</td>
<td>6.17%</td>
<td>3.92%</td>
</tr>
<tr>
<td>Pneumococcal Vaccine***</td>
<td>7</td>
<td>81</td>
<td>8.64%</td>
<td>4.88%</td>
</tr>
</tbody>
</table>

Tips and Tricks
### Influenza and Pneumococcal Vaccine

**The flu season varies annually. Flu season starts when vaccine becomes available in your area.**

**Flu season and QM calculation periods differ.**

It is safe to give these two vaccinations simultaneously; if administered together they should be at different sites. (RAI O-11)

<table>
<thead>
<tr>
<th>Tips and Tricks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make it standard to ask for flu vaccine information (during flu season), and pneumococcal information when receiving reports from the acute hospital.</td>
</tr>
<tr>
<td>Review all new admissions and check for immunization information within 72 hours.</td>
</tr>
<tr>
<td>Update resident’s vaccination information annually.</td>
</tr>
<tr>
<td>If no vaccination information is available or if unknown, administer vaccine based on standards of clinical practice. (RAI O-11)</td>
</tr>
</tbody>
</table>
Influenza and Pneumococcal Vaccine

Have resident vaccination information accessible for licensed staff.

If the resident has a moderate to severe acute illness, he or she should not be vaccinated until his or her condition improves. (RAI O-11)

Pneumococcal vaccine is given once in a lifetime, with certain exceptions.

Persons 65 years or older should be administered a second dose of pneumococcal vaccine if they received the first dose of vaccine more than 5 years earlier and were younger than 65 years old at the time of the first dose. (www.cdc.gov)

Where to Go From Here?
Educate staff, residents, and family members

Offer vaccinations to your staff and residents

Create an individualized care plan

Start a performance improvement project (PIP)

Monitor and track your vaccination data

Keep your resources and records up to date

Questions
Resources

- http://www.cdc.gov/flu/
- http://www.cdc.gov/pneumococcal/
- http://www.cdc.gov/vaccines/vpd-vac/default.htm
- Resident Assessment Instrument Manual (MDS 3.0)
- Quality Measures Manual v10.0

Thank You!
Break

Nursing Home
Medication Reconciliation Audit Tool

Matt Lincoln, MBA
Director, Administrative Operations
Health Services Advisory Group
April 12, 2016
Medication Reconciliation: Hospital to Nursing Home

1. Hospital conducts medication reconciliation before transfer to the nursing home using:
   a) Medication list
   b) Physician orders

2. Nursing home performs medication review and reconciliation:
   a) At time of admission to the nursing home
   b) Prior to discharge from the nursing home

Medication Reconciliation: Hospital to Nursing Home (cont.)

• If this standard is met and performed correctly, there is:
  – Accuracy in the medication reconciliation process
  – Medications are available
  – No delay in residents receiving their first dose of medications
Medication Reconciliation: Hospital to Nursing Home (cont.)

How many in this room think the process is working well at this time?

A. Always
B. Often
C. Seldom
D. Never

If you answered “seldom,” the data indicate you are correct.

The National Picture

[Image of an infographic showing statistics about medication errors during care transitions.]

The National Picture (cont.)

- 22% of Medicare patients in a (nursing home) experience an adverse event during their stay\(^1\)
- 37% of which were attributed to medication
- 9.75 hours to follow up on a missing medication indication and/or diagnosis
- Costing $290 per event


California Business Case—Lost Revenue

- Nursing home readmission rate = 20.8%
- Annual discharges to nursing home = 171,639
- Annual readmissions from nursing homes = 35,755
- Average monthly readmissions per nursing home = 3 (approximate)
- Average readmission length-of-stay in hospital = 2–3 days
- Average billable daily rate in nursing home = $500 (example)
- $500 x 3 days x 3 readmits per month x 12 months
- Lost opportunity revenue due to readmissions = $54,000
What the Audit Process Looks Like

• Use secure online tool
  – Collect data on Medicare fee-for-service (FFS) nursing home residents
  – Audit one or more patient records per day*
• Complete audit by the fourth day of the following month

*Depending on volume

Benefits of Participation

• Enhance collaboration with partners by developing a medication reconciliation program that integrates components of care coordination
• Reduce preventable readmissions due to adverse drug events (ADEs) and sub-optimal medication management
• Improve MDS*-based quality measure scores

*Minimum Data Set (MDS)
Questions?
Thank you!
Matt Lincoln, MBA
mlincoln@hsag.com

Action Planning and
Next Steps
Rachel Price, MSG
Quality Improvement Specialist, HSAG
Objectives

1. Review the quality measures (QMs) related to infections in nursing homes (NHs).
2. Review the performance improvement project (PIP) process.
3. Practice completing a PIP charter.

QM Overview

<table>
<thead>
<tr>
<th>Short/Long Stay</th>
<th>CMS ID</th>
<th>NQF ID</th>
<th>Nursing Home Compare</th>
<th>FIVE-STAR</th>
<th>CAMPER</th>
<th>NRHQC Composite Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-report moderate to severe pain (S)</td>
<td>Short</td>
<td>N001.01</td>
<td>0675</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>New or worsened pressure ulcer (S)</td>
<td>Short</td>
<td>N002.01</td>
<td>0678</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>% Assessed and given, appropriately, the seasonal influenza vaccine (S)</td>
<td>Short</td>
<td>N003.01</td>
<td>0680</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Assessed and given, appropriately, the pneumococcal vaccine (S)</td>
<td>Short</td>
<td>N007.01</td>
<td>0682</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antipsychotic medication (S)</td>
<td>Short</td>
<td>N011.01</td>
<td></td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Falls (L)</td>
<td>Long</td>
<td>N022.01</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Falls with major injury (L)</td>
<td>Long</td>
<td>N013.01</td>
<td>0674</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Urinary tract infection (L)</td>
<td>Long</td>
<td>N024.01</td>
<td>0664</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Self-report moderate to severe pain (L)</td>
<td>Long</td>
<td>N024.01</td>
<td>0677</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>High-risk pressure ulcers (L)</td>
<td>Long</td>
<td>N015.01</td>
<td>0679</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Low-risk lower extremity or bladder control (L)</td>
<td>Long</td>
<td>N025.01</td>
<td>0665</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Catheter inserted and left in bladder (L)</td>
<td>Long</td>
<td>N026.01</td>
<td>0666</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Physical restraint (L)</td>
<td>Long</td>
<td>N027.01</td>
<td>0667</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Inadequate activities of daily living help (L)</td>
<td>Long</td>
<td>N029.01</td>
<td>0669</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Excessive weight loss (L)</td>
<td>Long</td>
<td>N029.01</td>
<td>0669</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Depression symptoms (L)</td>
<td>Long</td>
<td>N030.01</td>
<td>0666</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>% Assessed and given, appropriately, the seasonal influenza vaccine (L)</td>
<td>Long</td>
<td>N016.01</td>
<td>0661</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Assessed and given, appropriately, the pneumococcal vaccine (L)</td>
<td>Long</td>
<td>N020.01</td>
<td>0663</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antipsychotic medication (L)</td>
<td>Long</td>
<td>N031.02</td>
<td></td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Antidepressant, tranquilizers (L)</td>
<td>Long</td>
<td>N033.01</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral symptoms affect others (L)</td>
<td>Long</td>
<td>N034.01</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
UTI, Catheter, Influenza, and Pneumococcal

<table>
<thead>
<tr>
<th>(No of Quality Measures Included)</th>
<th>Short/Long Stay</th>
<th>CMS ID</th>
<th>NOF ID</th>
<th>Nursing Home Compare</th>
<th>FIVE-STAR</th>
<th>CASPER</th>
<th>NNHQCC Composite Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urinary tract infection (L)</td>
<td>Long</td>
<td>N024.01</td>
<td>0684</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>(16)</td>
</tr>
<tr>
<td>Catheter inserted and left in bladder (L)</td>
<td>Long</td>
<td>N026.01</td>
<td>0686</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>(17)</td>
</tr>
<tr>
<td>% Assessed and given, appropriately, the seasonal influenza vaccine (L) *</td>
<td>Long</td>
<td>N016.01</td>
<td>0681</td>
<td>X</td>
<td></td>
<td></td>
<td>(12)</td>
</tr>
<tr>
<td>% Assessed and given, appropriately, the pneumococcal vaccine (L) *</td>
<td>Long</td>
<td>N020.01</td>
<td>0683</td>
<td>X</td>
<td></td>
<td></td>
<td>(12)</td>
</tr>
</tbody>
</table>

1 National Quality Forum identification number
2 Certification and Survey Provider Enhanced Reports
3 National Nursing Home Quality Care Collaborative

* Lower percentages are better
* Included in Nursing Home Compare, FIVE-STAR, and CASPER

References:
- Five-Star Quality Rating System: Technical Users’ Guide (July 2012)
- Medicare.gov/Nursing Home Compare website (accessed March 4, 2014)
- Calculation of Composite Score for NH Collaborative 2014.02.27 FINAL by IIPC NCC

SOURCE: HSAG Publication No. LA-1350CA-V-0.0-2013-53

Example MDS 3.0 Facility Quality Measure Report
Table 2: 13 Long-Stay Nursing Home Quality Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Your Facility</th>
<th>Inland Empire</th>
<th>CA</th>
<th>Nation</th>
</tr>
</thead>
<tbody>
<tr>
<td>One or More Falls with Major Injury</td>
<td>0</td>
<td>58</td>
<td>0.00%</td>
<td>1.58%</td>
</tr>
<tr>
<td>Self Report Moderate to Severe Pain</td>
<td>2</td>
<td>43</td>
<td>4.65%</td>
<td>5.04%</td>
</tr>
<tr>
<td>High-Risk Residents with Pressure Ulcers</td>
<td>4</td>
<td>53</td>
<td>7.55%</td>
<td>7.45%</td>
</tr>
<tr>
<td>Influenza Vaccine***</td>
<td>6</td>
<td>56</td>
<td>10.71%</td>
<td>4.90%</td>
</tr>
<tr>
<td>Pneumococal Vaccine***</td>
<td>1</td>
<td>58</td>
<td>1.72%</td>
<td>5.53%</td>
</tr>
<tr>
<td>Urinary Tract Infection</td>
<td>1</td>
<td>57</td>
<td>1.75%</td>
<td>3.65%</td>
</tr>
<tr>
<td>Lower Urinary Tract Infection</td>
<td>4</td>
<td>14</td>
<td>28.57%</td>
<td>36.94%</td>
</tr>
<tr>
<td>Catheter Inserted and Left in Bladder</td>
<td>1</td>
<td>45</td>
<td>2.22%</td>
<td>5.16%</td>
</tr>
</tbody>
</table>

Infection Surveillance

Worksheet to Create a Performance Improvement Project Charter

What is a project charter? A project charter clearly establishes the goals, scope, timing, milestones, and team roles and responsibilities for an Improvement Project (PIP). The charter is typically developed by the QAPI team and then given to the team that will carry out the PIP, so that the PIP team has a clear understanding of what they are being asked to do. The charter is a valuable document because it helps a team stay focused. However, the charter does not tell the team how to complete the work; rather, it tells them what they are trying to accomplish.

Use this worksheet to define key charter components.

**PROJECT OVERVIEW**

**Name of project:**
*Example:* Reduction in use of position change alarms

**Problem to be solved:**
*Example:* Alarms going off frequently detract from a homelike environment and may give staff a false sense of security.
Worksheet to Create a Performance Improvement Project Charter (cont.)

Background leading up to the need for this project:
Example: Residents and families have complained about the sound of alarms going off frequently. Staff feel pressure to do "something" when a resident falls.
[Tip: Reference specific background documents, as needed.]

The goal(s) for this project:
Example: Decrease the percentage of residents with position change alarms used on XX unit by 25% by XX/XX/XX.
[Tip: See Goal Setting Worksheet]

Scope—the boundary that tells where the project begins and ends.
The project scope includes:
Example: Use of position change alarms on XX unit.

Visit www.hsag.com/canursinghome
Are You Receiving Monthly Email Updates?

Email us to be added!

Can nursings@hsag.com
Try It Out
Performance Improvement Project

HSAG California Nursing Home (NH) Team

Michael R. Wasserman, MD, CMD
Director
mwasserman@hsag.com

Jennette Silao, MBA, MPH
Associate Director
jsilao@hsag.com

Rose Chen, MPH, RD, RAC-CT
Quality Improvement Specialist
rchen@hsag.com

Ezrah Lasola, BSN, RN, RAC-CT
Quality Improvement Specialist
elasola@hsag.com

Evangeline Molnar, NHA, BS
Quality Improvement Specialist
emolnar@hsag.com

Rachel Price, MSG
Quality Improvement Specialist
rprice@hsag.com

Joel Wingelman
Event Planner
jwingelman@hsag.com

Team email
canursinghomes@hsag.com