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**ATTAX Outcome Celebration & Next Steps**

Presented by [Kristi Wergin] (47-minute Webinar) [07-16-2014]

**Kristi Wergin:** Hello everyone, this is Kristi Wergin with Stratis Health, a quality improvement organization in Minnesota. I would like to welcome you to this educational session. This session is being recorded and will be available on the Stratis Health website at StratisHealth.org in about two weeks. All lines are muted, but after the webinar there will be time for Q&A. Please make note of questions that may come up as you listen in.

Kathie Nichols and I are pleased to be able to share with you this afternoon the great work you've all done as part of the ATTAX collaborative. We’re thrilled to have Jennifer Lundblad get us started. Dr. Lundblad is the President and CEO of Stratis Health. She has extensive background in leadership, organization development and program management in both non-profit and education sessions. She’s been at Stratis Health for 16 years.

Welcome Jennifer and thank you for being with us today.

**Jennifer Lundblad:** Thank you Kristi. I’m Jennifer Lundblad and it’s my privilege to kickoff this celebratory webinar.

**What are we celebrating?**

One hundred seventy two nursing homes in Minnesota, about half of those in the state, have been engaged with Stratis Health in the ATTAX campaign. You've been focusing on reducing the use of antipsychotics, better understanding your readiness for QAPI and on improving your overall composite score, and the results are truly impressive as you’ll see in today’s session.

Our Stratis Health team, led by Kristi and Kathie, have provided you structure, content expertise and quality improvement assistance, a role that we thrive in as we both support you as well as learn from you. You have also rolled up the sleeves to make a difference in the lives of your residents. All of you at the nursing homes in Minnesota joined thousands more nursing homes nationwide in this work. The result is that you have local impact, but are also contributing to momentum to transform nursing home quality of care and quality of life across the country.

From Stratis Health I want to express our deepest thanks and appreciation for your dedication and commitment. We look forward to celebrating with you today and working with you in the future. Thank you.

**Kristi Wergin:** Thank you Jennifer for providing that great welcome to our group this afternoon and for reminding everyone of the very important work that they are all doing.

Today we would like to celebrate the work that you have all done as part of the Stratis Health Acting Together to Achieve Excellence (ATTAX) collaborative. We have some data and success stories that will demonstrate the improvements that have been made.
to improve the quality of life and the quality of care in Minnesota nursing homes. Although this campaign will be officially over on July 31, 2014, quality improvement work is never done. We will share some tips on how to sustain and spread the games that your homes have made and hopefully, you’ve all recognize the value of collaborating with Stratis Health as well as your peers.

We will conclude this session with information on how we can continue to work together.

Let’s start with celebrating some of your many accomplishments. Over the last 18 months we’ve collected data and stories that demonstrate some of the improvement work that you’ve all done. All nursing homes participating in the ATTAX work to reduce the use of inappropriate antipsychotic medications. We will share data that illustrates your success with this reduction. We will also share data that illustrates improved QAPI knowledge and skills, a reduction in the composite score and share some specific success stories.

We’ll start with the reduction of antipsychotic medications since all of you have worked very hard on this effort. We learned a lot from all of you as you worked on reducing these inappropriate antipsychotic medications. This wasn’t an easy task and it took work from your interdisciplinary teams to change your systems and culture to support the reduction of these medications.

You all received a handout that shares the common barriers we heard from you and ideas you shared with each other on how to overcome these barriers. Many of you also received the handout at the learning session, as well as prior to today’s session. If you have it in front of you, you can see on the handout the barriers that we heard. What we heard from all of you is 7 things.

- Getting staff to buy-in to the reduction of antipsychotic medications
- Resistance from some of the physicians or physician extenders
- Staff didn’t know what to do when the behaviors came back when the medications were decreased
- Many residents are admitted with these medications, which we heard particularly near the end of this collaborative as being a real challenge as you’ve made such efforts to reduce your rates and now people are coming in and your rates are coming back, so it’s a little frustrating.
- Families are not on board and don’t understand the collaborative
- Getting staff to understand they need to figure out the reason for the behavior before asking for an order for the medication.
- Staff don’t know what other alternatives to try.

As you can tell in your handout we collected ideas that we heard during our work together on how to overcome these barriers that I hope you find helpful. As a result of your work the homes participating in this collaborative did decrease their use of antipsychotic medications. That is the blue line. Those are the homes that participated in the collaborative and you can see that they reduced at a higher rate than those that did not.

It’s a little easier to tell on the next slide where you can tell that the quarter for 2012 is the baseline as a quarter for 2013, homes participated in this collaborative improved at a rate quite a bit higher than non-participating homes. You can tell that RIR (relative improvement rate) and in the middle column all Stratis Health participants improved at
a rate of 15.68%, whereas, homes that did not participate in this collaborative only improved at a rate of 6.31%, which is quite significant, so you all did a wonderful job.

I will say that the national goal was to decrease by 15%, so the homes that participated did reach and surpassed that goal.

One of the key components of this collaborative was understanding the quality assurance performance improvement (QAPI) and how you can use the QAPI principles to improve nursing home quality. You were all asked to complete the CMS tool, QAPI self-assessment in the spring of 2013 and we’ve had a wonderful response rate with completing that. Nearly 90% of the homes completed it and again in the spring of 2014, so just recently over 100 homes did it again.

We wanted to see if there was QAPI progress made since the beginning of the collaborative which is why we asked you to do it twice. You did it in the beginning. Most of the homes did it again in the end and then we looked at both of the homes that did it twice to figure out if progress was really made. And there’s good news there, because the number of homes indicating not started on the 24 different areas decreased in all those areas and the number of homes that indicated they were doing great increased also across all 25 areas of the assessment.

There are two areas that show the greatest improvement and they both had to do with root cause analysis, which we were thrilled about because we know we spent quite a bit of time talking about RCA.

1. One of these areas was using root cause analysis to identify underlying causes of problems and many of you saw improvement in that.

2. Also, in using RCA to focus on systems and processes and avoiding focusing on individual behavior.

I think we had a lot of talk about that. We talked a lot about adjust culture and we did a webinar on it and it looks like that made a difference for some of you. There are also other areas that showed some great improvement.

3. Having a written QAPI plan. In the beginning of this collaborative, for many this was foreign language and a little scary, but I hope we provided you with tools and tips on how to get that going.

4. Changing systems and processes rather than focusing on individual behavior, which we talked about.

5. Collecting and analyzing data.

I certainly think many of you learned how to do that since we got on you throughout the whole campaign every quarter to collect and submit that to us. I hope you didn’t just look at that as a task, but as a good opportunity to learn how to collect and use that data in your quality improvement efforts.

6. Using plan do study or PDSA cycles.

On our conference calls with you and in the comments when you would submit data to us each quarter, we were so pleased to hear that many of you have started using that terminology and shared some of the things you were trying with us.

7. Documenting improvements.

8. Training staff
9. Creating a culture that uses QAPI for making decisions

We were really pleased and I hope you all feel like you've made a little progress as you get your QAPI culture going at your homes.

Anytime you work on evolving your organization into one that has quality assurance performance improvement embedded in your culture, you all know that it takes a lot of time and effort and I know you're all just getting started and working hard on that. You all indicated that these are the two areas with the greatest opportunity for improvement that you have to work hard on and one includes QAPI and new care giver orientation and training.

The other is developing employee skills and analyzing and interpreting data. We weren't too surprised to see that those were areas that still needed work, because those are tough. I just wanted to let you know that Stratis Health will continue to support your efforts to improve your orientation and training programs and in analyzing and interpreting data, so we can help you with that.

The next thing we’ll talk about is the composite score, which has been used by CMS to help determine how it’s going with improving your systems around not quality improvement. The centers for Medicare and Medicaid develop the composite score to measure the success of the National Nursing Home Quality Care Collaborative or NNHQCC of which you are all a part of. More than 5000 nursing homes are currently participating in its collaborative.

Throughout this national collaborative the composite measure was used to assess progress at the national and state levels. Therefore, CMS created this score to help measure how successful the NNHQCC is. The composite score is calculated from the 13 national quality form endorsed state quality measures that are publicly reported on Nursing Home Compare. So if you go to the site there is a list of quality measures and that’s what they use to develop the composite score.

The composite of these 13 measures reflects the cumulative effect of system improvements within the long-term care setting. These are the 13 measures that make up the composite score, so I’m sure you’re all pretty familiar with these measures, because this is how you’re evaluated. The score of 6 or lower on the composite measure was established as the goal to get to. CMS made that the goal to try to get at least a 6 or less and it was set prior to the launch of the NNHQCC because 10% of the nation’s nursing homes were already performing at this level or better.

At the beginning of the collaborative they looked at the composite scores for all the nursing homes in the nation and those that had a 6 or less were those in the top 10%. It's like if you were in school and had a 90% or more and that’s what they set as the goal. Let’s see if we can’t get everyone to try to get to where the top 10% are.

One thousand two hundred and eleven of the 5000 plus or 24% have achieved a composite score of 6 or lower sometime during this collaborative in the nation. Prior to the collaborative there were only 369 participant nursing homes with the score 6 or lower. As you change the way you do your quality improvement work by incorporating QAPI principles into your culture you should see improvements in all of your quality measures. These improvements are then reflected as they decrease in your composite score.

That’s why they went with this composite with the idea that if you start changing the way you do your quality improvement work and changing your systems around it, it should affect all your quality measures, which means when you put them all together you should have a lower score. Keep in mind that there are multiple reasons why the individual homes may have a high or low composite score and it doesn’t necessarily reflect the quality of your home.
We don’t want you to get too caught up in the composite score as the only measure that would decide if you’re a quality home. This is just one thing to look at.

The next trend shows the progress of the composite score in Minnesota. The black line indicates the progress of the homes participating in the ATTAX collaborative. Here you can see well how you’ve done from January 2013 through February 2014. All the Stratis Health participants are in the first column with the other Minnesota nursing homes are in the middle column and the last column has the national homes. Again, RIR is the relative improvement rate and you can tell that those homes participating in the ATTAX campaign decreased their composite score at a rate higher than those who did not participate.

Stratis Health receives files from CMS every month that indicates the composite scores for each nursing home in Minnesota. Of the 172 nursing homes that participated in the ATTAX collaborative, 51 or 30% received a score of 6 or lower during this collaborative. If your home is one of these that received a 6 or lower during the collaborative you will receive a certificate that acknowledges this accomplishment. Be sure to share it with your teams and celebrate. Don’t take it lightly.

All participating nursing homes will be receiving your composite scores through February 2014 in the mail. You will also receive information on how to calculate your composite score, so if you ever wanted to do it on your own you can or you can call us and we’ll have your latest composite score which we can give you over the phone.

The next slide shows a bar graph which indicates the distribution of the composite scores in Minnesota as of February 2014, so you can tell that at that time there were 33 nursing homes in Minnesota that had reached that goal of 6 or less. The greatest amount of homes of the 220 homes in Minnesota had a score of 6 to 8.99. The next bar graph shows the distribution for the ATTAX homes and it’s similar distribution between the homes in Minnesota as well as those in the ATTAX campaign.

We will be sending this bar graph with your data, the one that shows all the Minnesota homes because we know you’re probably interested when you find out what your composite score is and where you fall within Minnesota. That again is just a little example of the great work you all have done. Please share this with your teams, because it’s something to be proud of.

In the chat, I’d like you to share your team’s proudest achievement during this collaborative, so take a few minutes and do that.

We're all sitting here as a team reading what you're writing and it's all great stuff. It sounds like you're all doing a lot of work and we appreciate you sharing. Please continue as we move forward with the webinar if you think of other things you'd like to share. I'm also seeing some things you might want to share on Donna's diary. We always have to get that plug in every chance we get. Feel free as you recognize good things your home is doing. It’s nice to have this form to share with others and continue collaborating. You can share some of these great ideas on Donna’s diary.

Many nursing homes also agreed to share their successes via being videotaped during ATTAX learning sessions this spring. We were pleased with the number of nursing homes that agreed with some coaxing, to being videotaped. We would like to share some success stories that they shared in this video. So again we’re sharing the video, make sure your speakers are turned on so you can hear it. After the webinar we’ll send the link for the video.

[Video]
Thank you to all the homes that contributed to this video. What you heard here is just a small snippet of the great work and ideas that we’ve heard from you. We have so many homes videotaped that we are currently creating another one, so if you didn’t recognize your home in this one you’ll most likely be in the second one. You will receive links to both videos which you can use as you wish.

The floor will now be turned over to Kathie Nichols, who will share some ideas on how to sustain and spread improvement.

Kathie Nichols: Thank you Kristi. I’m proud of the accomplishments of this collaborative. It’s meaningful to watch the video the many times I’ve seen it. Each time I’m struck by what you’ve done and how you’ve made a difference in residents lives. There’s a lot in chat and I wish we could share everyone’s comments because those are great accomplishments as well.

As we move forward let’s spend a few minutes talking about spreading and sustaining improvements. What do we mean when we talk about spread? It’s learning that takes place in one area and it’s actively shared and acted upon by others. It’s improvement knowledge developed anywhere and becomes acted upon everywhere. Basically it’s taking the best practices and lessons learned elsewhere and implementing them, because we know they’re great ideas and they work.

Part of any quality improvement project it’s planning for spread. One way in doing that is to start with small tests of change on one neighborhood, having one nurse try a new process or starting with one resident to get the best outcomes. The team understands that changes will be tested and refined and then, if they work, they’ll be spread throughout the nursing home.

As a result, team members lay the groundwork for successful spread as part of the project development process. Spread also happens to regular communication of quality improvement efforts. Staff become more engaged when they can see and hear of the progress, they then know that their efforts are making a difference.

When you share the data, such as how much closer you are to attaining your goal, staff see the bigger picture and begin to understand their role. This leads to QAPI being part of your culture. Staff move from doing tasks related to residents care to becoming innovator. They are empowered to identify problems, solve them and promote quality improvements. Success changes self perception and staff recognize and are proud of their contributions to quality improvement and more importantly, the impact on resident’s lives.

The endurance of systems and processes is part of sustainability. When we discuss sustainability we’re talking about the endurance of both of these. We know we have success when new outcomes and ways of doing things become an arm. Sustainability needs to be planned throughout the quality improvement initiative so that we don’t lose ground and we hold gains while making any changes that are needed.

To assure that systems are in place, any changes made are defined as supportive of their organizations mission, vision and strategic plans. Changes and processes are reflected in policies and procedures and those policies and procedures are written, part of staff education and are always available for reference. Ongoing communication is key.

In the people role of sustainability leadership support of any quality initiative needs to be visible. Staff needs to hear a leader’s perspective on why it’s important and how it’s important to your organizations mission and goals. Roles and responsibilities need to be clearly defined as systems and processes are developed and changed what is each person’s role, who’s monitoring the outcome and so forth.
Another people factor is identifying who the champions are and who can articulate to staff the importance and keep them engaged, do all leaders both with assigned responsibility and also your informal leaders serve as role models of the changes. Make sure that any resistance is addressed.

Also, what about the environment. What’s your culture’s readiness for keeping this quality improvement initiative going? Do they see and understand the value and their role? Make sure all the resources are available to sustain. For example, make sure staff have time and also that any physical environment changes that are needed are in place.

Measurements are also an important factor. Choose measures that show the changes you have made. Make sure measurement is periodic and ongoing to ensure you have embedded practices and consistency. If your measurement shows you aren’t having the outcomes you expected don’t be afraid to dig in and figure out why. Make changes at this point to sustain your efforts.

For other ideas on spread and sustainability, refer to the QAPI sustainability guide found on the CMS QAPI website for more ideas.

Let’s do more sharing now. In chat, please answer the questions, what is one thing your nursing home is doing or planning to do for spread and sustainability... Thanks a lot... keep adding to the chat while we finish with the webinar. Thanks to Laura for adding using a performance board with measures and translate to floorboard for average shifts in an area. Kelly says tracking sheets have been developed. That’s great. Thank you for sharing that’s very important.

Go ahead now and say what the next step is and please add to the chat...

We want you to use what you’ve learned and implement and continue to move ahead, continue vetting QAPI into your culture. Be an organization with a focus on respecting and honoring residents, ongoing learning and continuous improvement. Continue to find and share new ideas and best practices. Don’t forget about Donna’s diary and look at the National Nursing Home Quality Care Collaborative change packages for best practices and ideas on a wide variety of topics.

Also, continue to collaborate. Join in the Stratis Health Nursing Home Collaborative. Recruitment starts October 1 and the goal is for every Minnesota nursing home to join. Collaborative activities will start on April 1, 2015 and we hope you will all join us as we move forward. Please remember this quote from Dwight Eisenhower...

“Accomplishments will prove to be a journey not a destination.”

We have a few minutes for questions.

I’d like to pose a question to Kristi and Kathie and maybe Kathie in particular since she was talking about sustainability and spread and gave us many of the good advice and proven strategies for that.

One of the things that this type of collaborative lends itself to is using peer support as a way to sustain and continue to focus on improvement efforts. Do either of you have advice for this interim time before Stratis Health launches its next collaborative effort or in an ongoing way about how nursing homes might use each other to support their continued work on QAPI or on specific topics that they might be focused on?
Kristi Wergin: Great question Jennifer, I hope we have through our learning sessions, Donna’s diary and our collaborative phone calls, which turned out more successful than we ever imagined, we’re hoping that you’ve made some connections. We were trying really hard to do that.

So much of our work is around relationships and feeling comfortable talking to each other and getting used to being transparent, so we were there to get the ball rolling, but we hope you can take it from here and from the connections you’ve made that you would feel comfortable with calling each other or trying to get ideas that you remember you heard about.

Maybe you think you heard something from a home but don’t remember which one or you don’t know how to get in touch with them you can call us. We’ll help you connect. Of course again, the one reason we created Donna’s diary is because it’s always out there and it’s like it’s yours it’s not ours, so it’s giving you the opportunity any time to share and maybe even ask a question.

We moderate and read everything that goes out, so if you ended up posing something that we think we can help you with we’ll connect you.

Kathie Nichols: I think those are all great suggestions and I would echo everything Kristi said. If you want to reach out, in fact I had a call just today from a nursing home that asked us to help them think about how to start on a specific problem and we were able to talk about it and come up with resources that were beneficial to them. That person will get back to me, but I also had some ideas about having her connect with other homes.

I’m hoping we can make those connections and reinforce those, because it is about spreading the great ideas and you all have had wonderful ideas, so thank you for sharing with us.

Jennifer Lundblad: If there are no more questions than we’ll wrap up the webinar and I want to thank everyone today for all your contributions. We hope that you have the celebratory flavor we’re trying to share. Pat yourself on the back and give yourselves a standing ovation, because we’re so proud of the work that’s been done with this collaborative.

Take a minute to fill out the survey you receive. Everyone attending will receive a certificate.

All nursing homes participating in the collaborative will receive a packet in the mail to include antipsychotic and composite data as well as a certificate that acknowledges your participation in the NNHQCC.