

Quality Counts

Arizona Nursing Home Quality Initiative

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What's New

MDS 3.0 Recording Available

A recording of the MDS 3.0 Special Open Door Forum is now available by visiting

http://www.cms.hhs.gov/OpenDoorForums/05_ODF_SpecialODF.asp#TopOfPage.

Quality Basics Series Now Available on MedQIC

A Quality Basics Series is now available on MedQIC. This archived WebEx series includes topics such as:

- The history and evolution of quality.
- Dimensions of quality.
- Quality improvement models.
- Quality measurement: a data-driven approach.
- Structure, process, outcome: systems thinking.

Registration is free. Visit <http://www.medqic.org> and click on Quality Basics under the Latest News section.

HSAG Accomplishments

Successful Medicare contract, high marks from stakeholders

Health Services Advisory Group (HSAG) has passed its final federal evaluation under its current three-year contract to help providers improve Medicare beneficiaries' quality of care, and it has earned some of the highest satisfaction scores in the nation from the stakeholders and providers it works with in Arizona.

The final evaluation under HSAG's 8th Scope of Work (8SoW) contract showed that for eight tasks—or settings of care—the company received five excellent-pass scores, two full-pass scores, and one conditional-pass score, all of which amounted to a successful completion of the contract.

Part of the 8SoW included a survey of providers and stakeholders who worked with the quality improvement organization (QIO) to improve care among Medicare beneficiaries. The three survey categories included knowledge, value, and overall satisfaction with the QIO. HSAG scored first in the nation in knowledge, fifth in value, and fifth in satisfaction, with an overall score that placed the company second in the nation among all QIOs. By settings of care, HSAG scored first under the nursing home task, sixth under the hospital task, and eighth under the physician practice task.

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QIOs such as HSAG work to help improve Medicare beneficiary health under federal “Scope of Work” contracts that typically last for three years. The current contract, Medicare’s eighth, began in November 2005. The focus is quality improvement work that results in care that is safe, effective, patient-centered, timely,

efficient, and equitable—summed up by the Centers for Medicare & Medicaid Services as “the right care for every person every time.”

Under this latest contract, HSAG received excellent scores for its work under settings of care designated as hospital, physician practice, underserved populations, beneficiary protection, and hospital payment monitoring. The nursing home and critical access hospital/rural hospital settings received full-pass scores, and the home health setting received a conditional pass. Home health was among the most challenging settings for many QIOs across all states. Seven states received conditional passes for home health—the most of any task—and four failed the task altogether.

States that passed the final evaluation (as Arizona did) received automatic renewal of core contract work for the 9SoW period beginning in August. Core contracts in states that failed any one of the tasks are now open for rebidding. Nine states had one or more task failures.

“The successful completion of our 8th Scope of Work contract and the high satisfaction scores we received from our providers and stakeholders all show that HSAG is performing well and is communicating effectively to maintain the contract that provides quality oversight for Medicare beneficiaries in Arizona,” said Mary Ellen Dalton, Chief Executive Officer of HSAG. “The QIO program in general serves as a highly valuable component of the health care system in this country.”

Moving forward under the 9SoW, QIOs will continue to improve beneficiary health by focusing on beneficiary protection, patient safety, and prevention, all of which will be part of the new core contract. QIOs can compete for additional contract work for special projects such as patient pathways (care transitions) and chronic kidney disease.

For more information about HSAG and the services it provides, please visit <http://www.hsag.com>.

Upcoming Events

Maneuvering through the Maze—The Role of the Medical Social Worker in LTC

Sponsored by: CARES

Thursday, February 21, from 8 a.m. to 5 p.m.

Health Services Advisory Group

1600 E. Northern Ave., Suite 100, Phoenix, AZ 85020

Registration questions can be directed to CARES by calling 1.800.326.7176 or by e-mailing

support@clinicaladvisorsllc.com.

Infection Control Issues—Covering the Continuum of Care

Presented by AzAHA

Friday, February 29, from 8 to 11 a.m.

Baptist Village Cook Healthcare Center

11527 W. Peoria Avenue, Youngtown, AZ 85363

For more information, please contact Edwina Camplin at 602.230.0026 or at ecamplin@azaha.org.

Understanding the New UAR

Sponsored by AHCA and AzAHA

Thursday, March 6, from 9 to 11 a.m. at AHCA

1440 E. Missouri Ave., Suite C-102, Phoenix, AZ 85014

For registration information, please contact John Linda at 602.265.5331 or at johnlinda@azhca.org.

2008 AHCA Spring Leadership Conference “Working Together to Achieve Success”

March 31–April 1

Prescott Conference Resort, Prescott, AZ

For registration information, please visit

<https://azhca.org/conference/Spring/spring08.php>.

The Med Pass: Individualizing Care and Managing Workflow

The med pass schedule affects residents' sleeping, waking, activities, and meals. This is an area ripe for individualizing. When it is done without regard for individual routines, it can contribute to sleepless nights and groggy days and can induce agitation. Simply adjusting medication schedules to individual sleep and wake times can help residents get good solid sleep and restore their morning routine, allowing good sleep to contribute to physical, mental, and psychosocial well-being.

Managing workflow

The med pass is a labor-intensive activity that consumes a large part of a nurses day. A number of homes have consolidated their med passes to allow nurses more time for caregiving and individualized resident care. The nurses were more available to their staff and better able to provide more hands-on supervision and support. Here are some suggestions on managing workflow:

1. Avoid med pass at meal times—Change times to 10 a.m. and 2 p.m. to free up nurses to help with other care responsibilities during the busy mealtime.

A Med Pass Process For Change

Several homes described their process for change. It involved a couple of days of work by the nurses, working together with a consultant pharmacist and the medical director.

Med pass process change:

1. Create a chart with each resident's medications by time of day.
2. Identify medications that should be discontinued and change the orders.
3. Identify medications that can be given fewer times a day and change the orders.
4. Redistribute the medications so they are given at a time that works well for the resident and for the staff members. Change policies to allow for a wide time range for administration of medications.

2. One-a-day's—Give the once-a-day pills at a time that is less busy to free up time during hectic parts of the day.
3. TIDs to BIDs—Some pills that are currently prescribed three times a day can easily be given two times a day without any negative outcomes.
4. Timing—additionally, not all BIDs need to be given in the morning and evening. Some medications can be appropriately given in the afternoon and at bedtime. A resident who is up frequently and predictably at night might be able to be given some medications on the night shift, depending on the medication.
5. Consolidate med passes for each individual—Many individual residents have several med passes during the day that have developed over time as each new medication is added to their regimen. These can easily be consolidated.
6. Discontinue unnecessary meds—Many residents are taking too many medications. They may be taking vitamins or other supplements that they cannot even absorb. One home that reviewed meds found they could easily eliminate 40 percent of what they were giving.
7. Waking people up for meds—re-evaluate the timing of any meds that the residents are currently being awakened to receive. Change med times for as many residents as possible so that they are given before sleep or as residents awaken.
8. Limit the number of PRNs to reduce med pass times—Nurses should be watching for patterns in PRN use so that, when it is reasonable, PRN meds can be given routinely. *A full assessment is needed prior to making this determination.*

A step-by-step approach to getting started

1. Notify your medical director and pharmacy consultant that you will be piloting a reduction in med passes and will let them know what you learn from the process.
2. Identify five residents who have a large number of med passes. Sit down with the nurses who give these med passes and discuss the meds. **(See box on page 4 for discussion questions.)**

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3. After you have discussed five residents' meds, set a proposed new med pass for them. Discuss this with the residents to make them aware and address any concerns or preferences they may have.
4. Discuss any resident concerns or preferences with the prescribing physician. Change any orders as needed.
5. Discuss changes with the care plan team and make appropriate notes in each resident's medical record.
6. Review all changes to make sure they are in keeping with your policies or make a note in the records about why you are doing them—on a pilot basis—outside of your policies.
7. Pilot test the new pattern for two weeks. Note whether there is any impact on the residents' conditions based on the changes in the med schedule. Make adjustments as needed.
8. Share your experience and lessons learned with the nursing team, medical director, and pharmacy consultant.
9. Reconvene and expand your pilot to include five more residents. Repeat the process.

Source: Developed by the Louisiana Long-Term Care Stakeholders. Prepared by Barbara Frank, B&F Consulting, revised February 2006. Based on consultation with Anna Ortigara, Life Services Network, with input from nursing homes participating in the QIO Improving Nursing Home Culture Pilot.

Questions to Ask When Reviewing Meds

1. Do any meds have times for being given that could change? (If they have to be given before/after a meal, does it matter which meal?)
2. Can the time cycle for meds that have times set (like pain meds) be altered? (Is there a time that can meet the resident's individual needs and the staff member's workflow?)
3. Can the times set for meds (like pain and once-a-day meds) become the times for meds that have a more flexible time? Will these meds mix okay with the other meds?
4. Can TID or BID meds be given in stronger doses less frequently? Will that change their effectiveness? Can they be given at the same time as other meds? Will they mix okay with other meds?
5. Is pain being managed with a combination of meds including opioids and non-opioids? If the non-opioids are being given PRN with significant frequency, do the opioids need to be given at a higher strength?
6. Have nonpharmacologic interventions been fully explored regarding the need for depression, constipation, or pain meds?
7. Are there any meds that can be discontinued?
8. Do the residents have any reasons to prefer spreading out their med passes or any aspects of their personal daily routine that need to be considered for the times meds are given?

HSAG Nursing Home Team Contact Information

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