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Over the Past Week

What did you learn from walk rounds from this past week?

Any other PIP Related Revelations

- **PIP Tool**
 - Brainstorming and Goal Setting
 - PDSAs

How are you liking the QIO QAPI/PIP Tool?

- Other Options if Preferred

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Today

IHI Curriculum

- Today: Post Vaccination Visitation

Step 7: Develop a Strategy for Collecting and Using QAPI Data

Peer Example

PIP Next Step: Continue with PDSA

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Post-Vaccination Visitation



Indoor Visitation

- Permit indoor visitation of all levels for all residents except for:
 - Unvaccinated residents
 - COVID-19 test positive with a valid AND +72 of isolation has elapsed
 - Residents on Transmission-Based Precautions for confirmed COVID-19
 - Residents in quarantine

The slide includes an image of two children blowing bubbles and a footer with logos for the Department of Health, COVID-19, and other entities.

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Step 7: Develop a Strategy for Collecting and Using QAPI Data

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Data Collection Elements

Data Sources*	Data collection frequency		Benchmarks to analyze this data source	Who will analyze the data?	Data analysis frequency	Data will be communicated with	Communicate data analysis via	Frequency of communication
	Suggestions	<ul style="list-style-type: none"> • weekly • monthly • quarterly • annually 	<ul style="list-style-type: none"> • applicable clinical guidelines • identified best practices • national data • corporate data • state data • facility identified performance indicators/goals/thresholds/targets 	<ul style="list-style-type: none"> • HR • Leadership Team • QAPI committee 	<ul style="list-style-type: none"> • weekly • monthly • quarterly • annually 	<ul style="list-style-type: none"> • board members • caregivers • community • executive leadership • families • residents • volunteers 	<ul style="list-style-type: none"> • board meetings • bulletin boards • dashboards • newsletters • posters • QAPI interdisciplinary meetings • staff meetings 	<ul style="list-style-type: none"> • weekly • monthly • quarterly • annually
Choose a data source								
Choose a data source								

From GPQIN QAPI How To Guide, p. 9
<https://greatplainsqin.org/wp-content/uploads/2020/04/QAPI-Written-How-to-Guide.pdf>

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Measure/Indicator Collection and Monitoring Plan



What are we measuring (measure/indicator)?	When are we measuring this (frequency)?	How do we measure this (where do we get our data)?	Who is responsible for tracking on this measure?	What is our performance goal or aim?	How will data findings be tracked and displayed?
Example: High risk pressure ulcers	Quality Indicator (QI) monthly report	Data comes from MDS assessments	DON	<6%	DON uses Excel run chart template to document monthly rates over time. DON also tracks and graphs the number of in house acquired versus admitted pressure ulcers, pressure ulcers by stage, and time to heal. Results are provided to QAPI committee and posted in "North" conference room.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/MeasIndCollectMtrPlandebedits.pdf>

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Suggested Data Sources:

- Advanced care planning audits
- CMS Quality Measures (LS, SS, claims)
- CMS Care Compare (formerly NH Compare)
- Case Mix
- Community activities
- Consistent assignment
- Discharged resident surveys
- Drug regimen review summary
- Falls
- Family/Resident satisfaction
- Fire safety deficiencies
- Infection Prevention & Control Program
- Info from providers, physicians, contractors, vendors
- Licensed nurse staff hours/resident day
- Medication administration audits
- Medication errors
- Medication room audits
- Near Misses
- Nursing assistant staff hours/resident day
- Occupancy rates
- Performance indicators
- Rehospitalization rates
- Residents councils minutes
- Revenue payer sources mix
- Staff retention
- State survey results
- Staff turnover
- Volunteer hours

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CASPER Facility Quality Measure Report

Measure Description	CMS ID	Data	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile
Hi-risk/Unstageable Pres Ulcer (L)	N015.03	C	2	16	12.5%	12.5%	6.3%	8.8%	78 *
Phys restraints (L)	N027.02	C	0	32	0.0%	0.0%	0.0%	0.2%	0
Falls (L)	N032.02	C	22	32	68.8%	68.8%	57.0%	45.8%	96 *
Falls w/Maj Injury (L)	N013.02	C	1	32	3.1%	3.1%	5.0%	3.5%	52
Antipsych Med (S)	N011.02	C	0	1	0.0%	0.0%	1.7%	2.0%	0
Antipsych Med (L)	N031.03	C	7	32	21.9%	21.9%	18.0%	14.2%	84 *
Antianxiety/Hypnotic Prev (L)	N033.02	C	4	27	14.8%	14.8%	5.2%	6.3%	91 *
Antianxiety/Hypnotic % (L)	N036.02	C	3	27	11.1%	11.1%	19.0%	19.6%	21
Behav Sx affect Others (L)	N034.02	C	2	30	6.7%	6.7%	22.0%	20.6%	18
Depress Sx (L)	N030.02	C	4	32	12.5%	12.5%	5.8%	7.2%	84 *
UTI (L)	N024.02	C	0	32	0.0%	0.0%	3.2%	2.7%	0
Cath Insert/Left Bladder (L)	N026.03	C	3	32	9.4%	12.6%	3.0%	2.0%	99 *
Lo-Risk Lose B/B Con (L)	N025.02	C	3	13	23.1%	23.1%	45.7%	47.3%	11
Excess Wt Loss (L)	N029.02	C	0	27	0.0%	0.0%	6.9%	7.9%	0
Incr ADL Help (L)	N028.02	C	2	27	7.4%	7.4%	16.3%	16.9%	14
Move Indep Worsens (L)	N035.03	C	7	24	29.2%	36.6%	22.7%	26.1%	79 *
Improvement in Function (S)	N037.03	C	0	0	-	-	71.2%	69.2%	-

Measure Description	CMS ID	Numerator	Denominator	Facility Observed Percent	Facility Adjusted Percent	National Average
New/worse Pres Ulcer (S) ¹	S002.02	0	2	0.0%	0.0%	1.8%

<https://greatplainsqin.org/project/understanding-your-nursing-home-casper-quality-measure-report/>

Data provided is fictional

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PIP Next Steps

Continue with PDSA

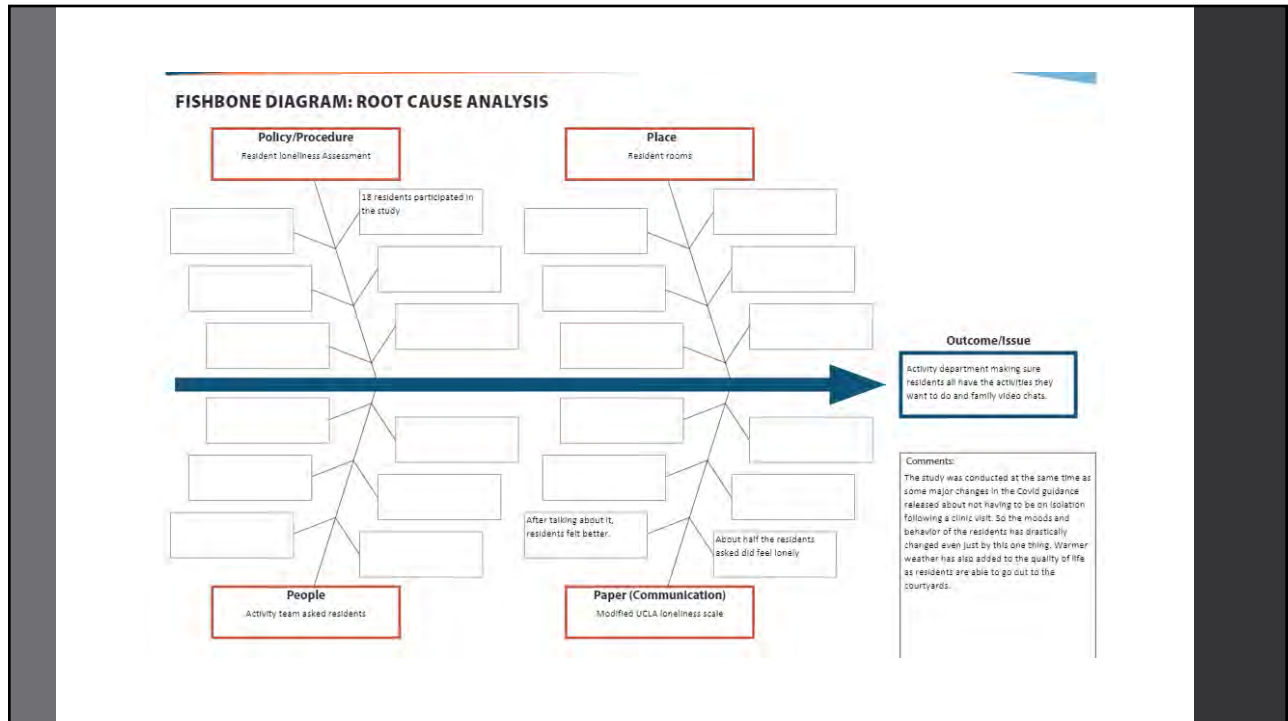
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Performance Improvement Project (PIP) Guide

Start Date	Review Date(s)	Complete Date	PIP Squad Members
2/25/2021	4/1/2021	Click or tap to enter a date.	1. Pastor Larry Giese 2. Activity dept. 3. Vicki Calheim 4. QAPI Director 5. Mentors 6. Social Services 7. Unit Directors
Project Leader Julie Draper, April Peyer and Vicki Calheim	Click or tap to enter a date.	Click or tap to enter a date.	
Key Area for Improvement Resident loneliness Group Activities Staff Education	Isolation of residents		
Goal: Improve resident quality of life and loneliness.	<u>Goal is to improve resident behaviors and isolation r/t loneliness. Thus providing better care to the resident and creating a more pleasurable work and living environment.</u>		

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What is the Root Cause(s) for the problem? Ask 'Why is this happening?' 5 times. If you removed the root cause, would this event have been prevented?
<ol style="list-style-type: none"> 1. Charting options were not adequate. <i>Charting options changed in PCC in March 2021 so staff may chart on several items instead of just one. Staff Intervention and effectiveness also added (CNA charting)</i> 2. Health Stream training is not adequate. (HS changed and options are not available) 3. Communication books on each unit may be able to be utilized better. 4. Virtual Dementia training is not utilized. <i>Skills for all direct care staff will include Dementia training simulator. This will be ongoing for a couple months until all direct care staff have been through.</i> 5. CPI training has been on hold due to Covid-19 6. Some charting on resident may not be charted accurately Ex: wandering (Quarterly Nurse Assessment) 7. Admit process and transition hall may contribute to increased behaviors, staff burn out, and less tolerance of resident behaviors.
<p><i>The ability to Admit to other areas if vaccinated has helped in this area. Distributing the work throughout the building onto several units. This is state and federal guidance.</i></p> <ol style="list-style-type: none"> 8. Staff lack knowledge and skills needed to approach dementia but also new areas such as personality disorders the LTC staff are not used to. (MR, Autism) 9. Residents are restricted to their rooms and unable to have visitors during outbreak. outbreak is one positive employee or resident in a 2 week time frame.
<p>Barriers:</p> <ol style="list-style-type: none"> 1. The strong impact Covid has had on the staff's mental health as well as the residents and their families causes more behaviors and less tolerance to behaviors. 2. Inability to complete CPI training and the need to focus and shift to training on infection control left training on behaviors and simply customer service has been affected. 3. CMS and state guidance to keep residents in the room and have no visitation. No groups more than 10, resident's compliance to mask wearing. 4. Providing safe activities in an area big enough to be 6 feet apart and 10 people or less, staying in the guidance parameters. 5. Isolation after admit if unvaccinated.

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Brainstorm possible solutions and start your PDSA [PLAN DO STUDY ACT] Cycle - see page 2

Channel 99 has been available in the resident rooms throughout the pandemic but the residents want to see each other and worship in person. Only 10 in the chapel at a time. More than one service is provided and different residents are brought at different times.
 How can we play Bingo
 AL plays Bingo on channel 99
 Staff Education needs to be improved. (CMS has Hand in Hand training)

Plan	Do			Study and Act	
List the tasks to be done	Responsible Team Member	Start Date	Actual Completion Date	Comments/Lessons Learned	Adopt/Adapt/Abandon
Loneliness questionnaire completed	Activity Department	March 2021	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Virtual Dementia training for all staff.	Activity team IP Nurse	March 2021	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Infection Control procedures, Set up and break down of area as it is used for multiple activities	Pastor and others	Ongoing 2019	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Virtual Dementia training set up and monitoring staff through the process.	Activity dept. manager Unit directors, IP Nurse.	4/29/2021			
PHQ 9 assessment	Social Workers	Ongoing since lock down March 2019			
Hand in Hand training converted to Health Stream education	Staff Development Nurse				

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Benchmarks/metrics [how will we measure progress?]	Study and Act				Comments
	Baseline Date	First Measurement Date	Second Measurement Date	Final Measurement Date	
Modified UCLA loneliness scale	March 2021	March 2021	Click or tap here to enter text.	Click or tap here to enter text.	All of these areas are directly related and have different parts always moving. The isolation of residents causes Resident behavior, loneliness, and the increased use of medications. Increased ADL help is also directly related to residents being on isolation and causing loneliness. So this PIP has many approaches working together in different ways to reach a goal.
PHQ 9 measures depression	PHQ 9 results are used for resident compassionate care visits needed	All residents are assessed quarterly	Click or tap here to enter text.	Click or tap here to enter text.	
QM report	Antipsychotic, Antianxiety, Hypnotic medication use has a direct impact on behaviors affecting others	Medications are monitored and an ongoing PIP continues for each unit on a monthly rotation.			
<ul style="list-style-type: none"> a. Antipsychotic Medication Short Stay 72% previous month 71% (Not triggering) b. Antipsychotic Medication Long Stay 80% previous month 77% c. Antianxiety/Hypnotic Long Stay 83% previous month 82% d. Behaviors Sx affecting others 77% previous month 78% e. Increased ADL help 71% previous month 67% 					

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Study and Act					
Benchmarks/metrics (how will we measure progress?)	Baseline Date	First Measurement Date	Second Measurement Date	Final Measurement Date	Comments
Modified UCLA Loneliness Scale	23/90 = .26 (26%)	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
	March 2021	April 2021	Click or tap here to enter text.	Click or tap here to enter text.	
PHQ 9 measures depression	March 2021	April 2021	May 2021	June 2021	
Behavior Sx Affecting Others (LS)	68/217 = 31.3% March 2021	April 2021	May 2021	June 2021	

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Homework

QIO PIP Tool

- Continue with PDSA

Submit Homework via Dropbox

- Now on our website (direct link to dropbox with instructions)
- <https://www.dakotageriatrics.org/project-echo-can/phase-2-continuing-education>
- Please note we might share your work with the group (if you don't want to share, please let us know)

Phase 2 – Continuing Education

Our team at Dakota Geriatrics in collaboration with [Center for Rural Health](#) is participating in the [Project ECHO COVID-19 Action Network](#) as an official training center for nursing homes. If you have questions, please email us at: dakotageriatrics@und.edu.

Dropbox Information

- [Dropbox How To](#)
- [Access Dropbox](#)

Curriculum Resources and Recorded Sessions

Phase 2, Week 5:

Phase 2, Week 4:

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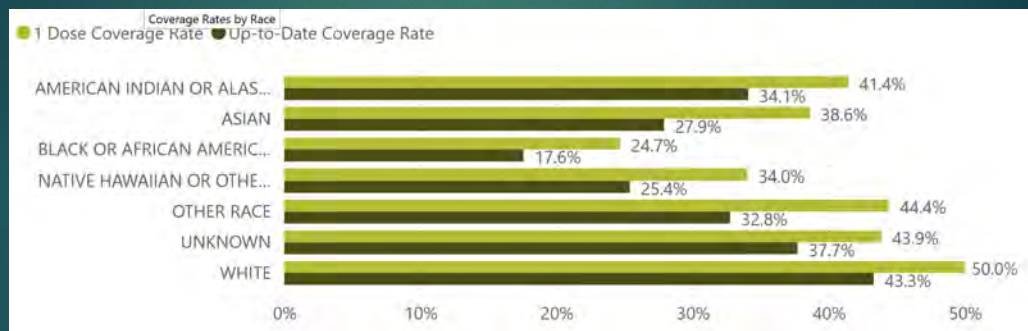
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Key points of the COVID-19 Pandemic

- ▶ Iatrogenic spread
- ▶ Exponential mortality with age
- ▶ Particulate matter, race, blood type (A+) and chronic conditions impact disease severity
- ▶ Mutations ! US has the highest number of mutated COVID-19 in the world

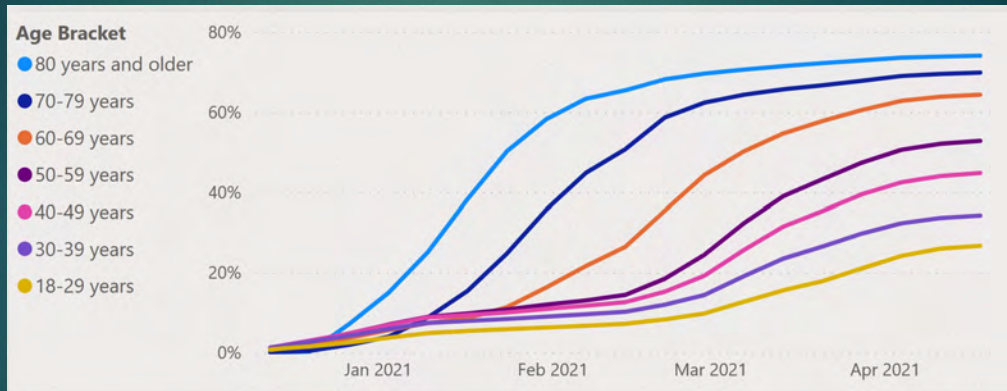
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North Dakota COVID-19 Vaccination rate



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North Dakota COVID-19 coverage rate



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Vaccine efficacy

- ▶ 6000 US citizens with post vaccine COVID-19
- ▶ Infectivity is 0.007% of the 84 million Americans with full protection against the virus.

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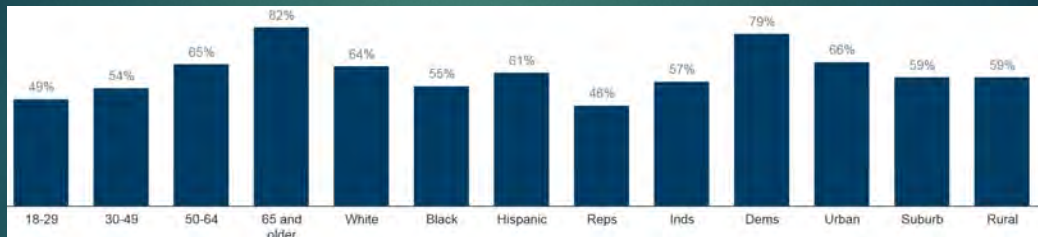
North Dakota first !

- ▶ First ever cross border operation to offer Canadian truckers free COVID-19 vaccinations
- ▶ ~ 4000 truckers & oil personnel



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Vaccine hesitancy: % willing to get vaccinated



Kaiser Foundation Survey 2021

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Vulnerable older adults



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Nursing Homes: post vaccination

Grand Forks

- ▶ 12 fully-vaccinated residents of Valley Senior Living in Grand Forks have asymptotically tested positive for COVID-19
- ▶ 2 staff members tested positive for COVID-19
- ▶ mRNA vaccine 95% effective against severe disease in general population, recent data suggest 87 % efficacy in nursing homes

KY nursing home:

- ▶ unvaccinated staff member infected 50 people, including 18 fully vaccinated residents. 3 deaths: 2 unvaccinated, 1 vaccinated resident

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Vaccine Hesitancy: ND nursing homes

Residents (%)	Staff (%)
100	79
90	35
81	62
98	67
91	43

National Average for NH staff = 50 %

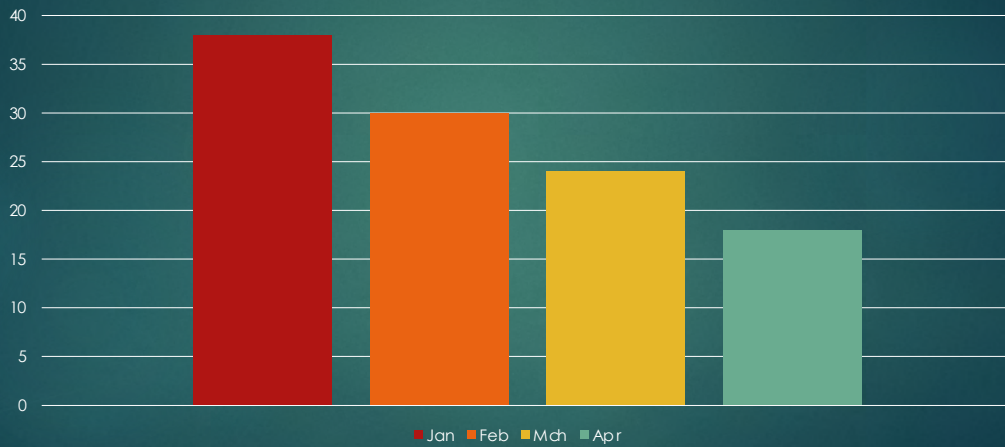
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Vaccine Hesitancy

Rationale to not get vaccinated	Evidence
Infertility	No evidence in animal models of human studies Note: natural infections can cause infertility
Prefer natural immunity	Natural immunity is no better than vaccine Reinfections occur
God's will	Fatalists exist. Is it God's will to be a Typhoid Mary ?
Wait and see	Late adopters, need a nudge with evidence

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Percent of vaccine hesitant group: 2021



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Vaccine Hesitancy

- ▶ Unknown: liability if unvaccinated staff transmit disease ?
- ▶ Embrace the late adopters with data

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