



Building resilience:

Maintaining quality care in nursing homes during COVID



Disclosure

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<https://www.dakotageriatrics.org/great-plains-mountain-consortium>

Take home lessons from last week

Behavior in Long Term Care

- ▶ Use the IDEA mnemonic for behavioral disorders:
 - ▶ “ID”: identify the type of behavior (e.g., agitation, delusions, etc)
 - ▶ “E” explore the reason for the behavior (e.g., medication side effect, unexpressed pain)
 - ▶ “A” adjustments to counter the behavior (e.g., redirect or avoid physical contact).

QAPI

- ▶ Communicate your findings
- ▶ Engage all stakeholders such as family members, CNAs and patients

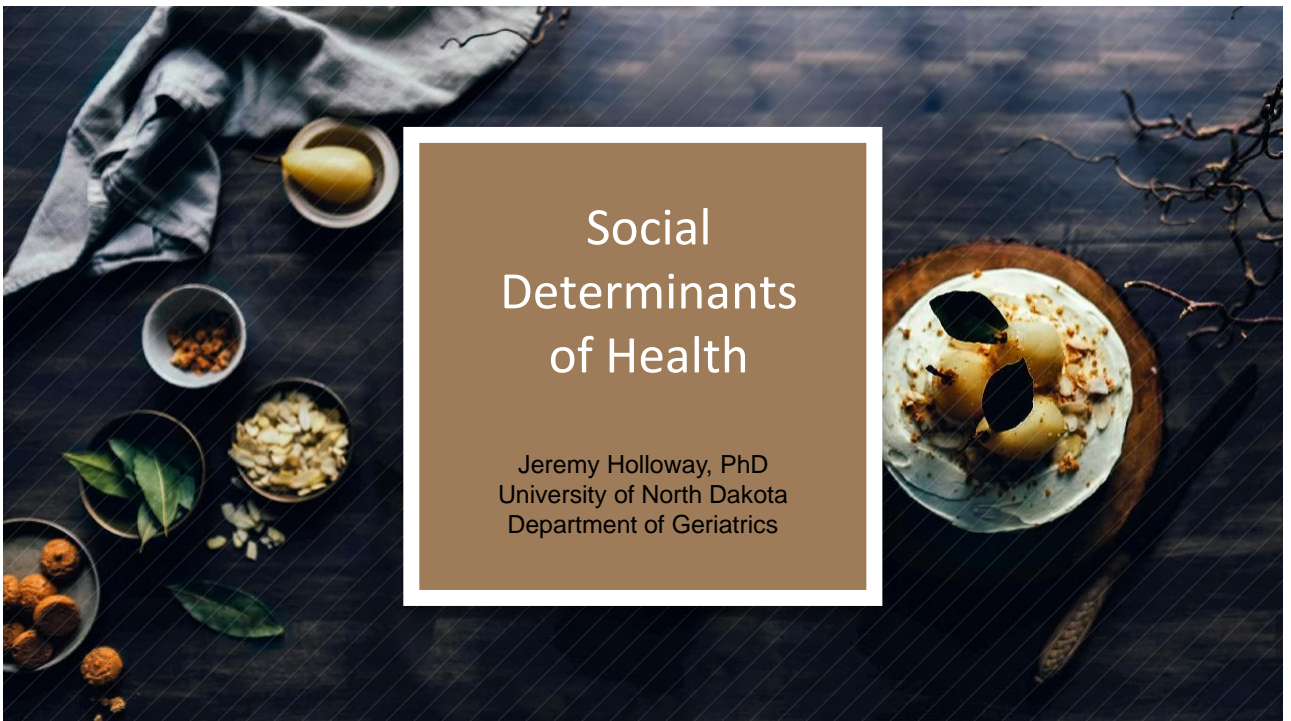
A Culture Change Moment

Renee Brooksbank, Esq. NHA
Associate Director
Montana Geriatric Education Center
University of Montana

Making it Fun



- ✓ Stay positive! (Tell me what TO do; rather than what NOT to do)
- ✓ Team members/Resident Council choosing a Word of the Day/Week/Month
- ✓ Ways to acknowledge successes



A Microaggression



- A. Is a term similar to implicit bias and prejudice.
- B. Is a term minority groups often use to express complaints against majority groups.
- C. Can be mitigated by involvement in programs promoting empathy, compassion, listening, and frequent debriefing.
- D. Is relevant to only minority groups.

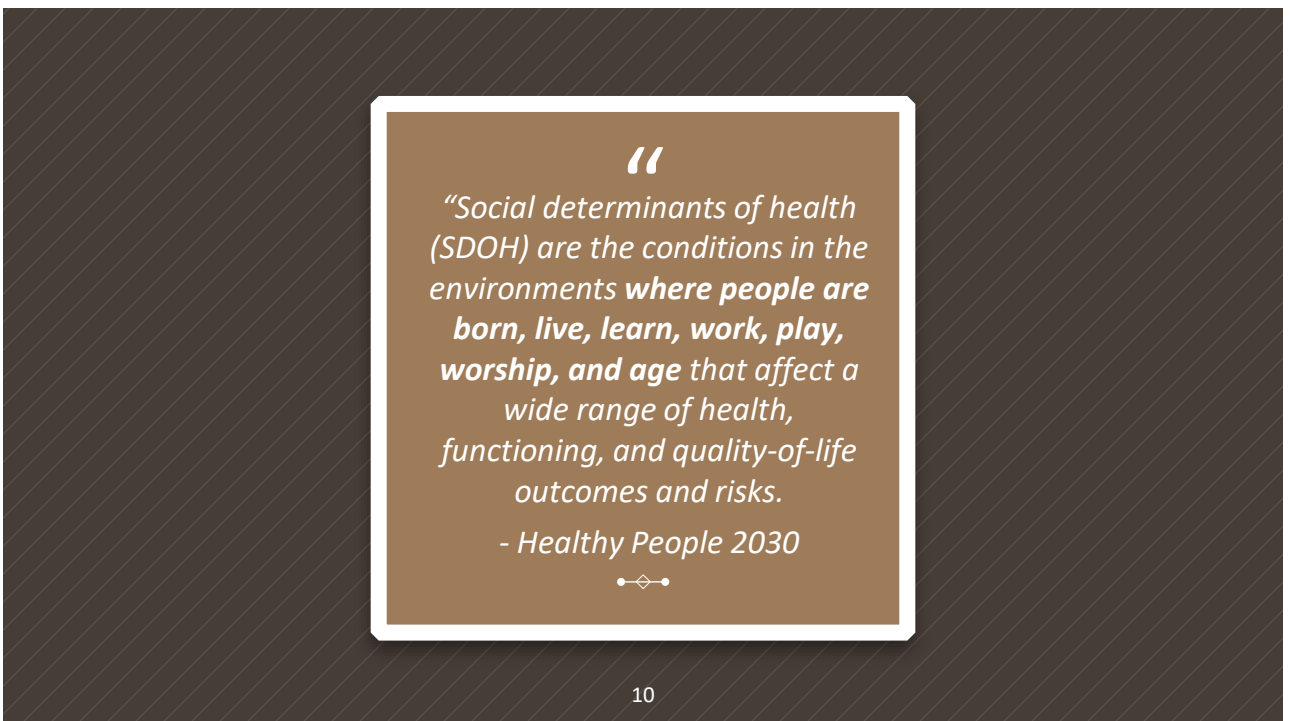
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Note:



- ◆ COVID-19 has heightened the need for concerns related to Social Determinants of Health

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SDOH High-Level Domains (Groups/Communities)



- ◆ Economic Stability.
- ◆ Education Access and Quality.
- ◆ Health Care Access and Quality.
- ◆ Neighborhood and Built Environment.
- ◆ Social and Community Context.

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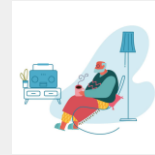
SDOH Ground Level Concerns (Individual)



- ◆ Mobility/Transportation
- ◆ Dietary/Nutrition
- ◆ Housing/Home Condition
- ◆ Their Story/What Matters

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Solution



Learn and value the stories of individuals and marginalized groups.

Undesirable behaviors or "problems" are the result of unmet needs and expressions. Dr. Caroline Stephens

Narayan, M. C. (2019). CE: addressing implicit bias in nursing: a review. *AJN The American Journal of Nursing*, 119(7), 36-43.

Two Major Roadblocks to Promoting One's Story (Narrative) for SDOH

Two Major Road Blocks to Valuing and Learning One's Story (Narrative)



- ◆ Unattended Microaggressions
- ◆ Unattended Implicit Bias

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Poll 1



- I am aware of what a microaggression is
- I do not currently know what a microaggression is
- I have an idea of what it means, but still not sure

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A Microaggression is



...”a statement, action, or incident regarded as an instance of indirect, subtle, or unintentional discrimination against members of a marginalized group such as a racial or ethnic minority.”

*Microaggressions often come from one’s implicit bias.

Turner, J., Higgins, R., & Childs, E. (2021). Microaggression and implicit bias. *The American Surgeon*, 87(11), 1727-1731.

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Microaggression Example:



- ◆ Statements describing an African American female patient as “difficult, angry, aggressive...” in debrief, discovered black female was having a serious panic attack.
- ◆ Comparing a colleague or staff member to another person of a marginalized group.



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Poll 2



- ◆ I know what implicit bias is
- ◆ I don't know what implicit bias is
- ◆ I feel like I am familiar but could learn more about it.

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Implicit Bias...



- ◆ "...Refers to when, rather than being neutral, we have a preference for (or aversion to) a person or group of people. Thus, we use the term "implicit bias" to describe when we have attitudes towards people or associate stereotypes with them without our conscious knowledge." [1]
- ◆ "We may determine that one particular group is trustworthy or pleasant and another is dangerous or disagreeable." [2]

1. Retrieved from Perception Institute: <https://perception.org/research/implicit-bias/>

2, Narayan, M. C. (2019). CE: addressing implicit bias in nursing: a review. *AJN The American Journal of Nursing*, 119(7), 36-43.

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Implicit Bias Example

- ◆ Providers with implicit biases spent less time listening to Black patients, and...
- ◆ Staff held implicit assumptions that Black and Hispanic patients are less likely to adhere to treatment and are less cooperative than White patients.

Zestcott CA, et al. Examining the presence, consequences, and reduction of implicit bias in health care: a narrative review. *Group Process Intergroup Relat* 2016;19(4):528-42.

Four Myths and Roadblocks to encouraging Health Equity

Myth 1



“If I’m not around ‘minorities’ often, I don’t think I need to learn about diversity issues or social determinants of health.”

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Myth 2



“After I reach a certain age, I don’t need to learn about microaggressions and implicit bias. People should just put up with me the way I am.”

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Myth 3



“This isn’t really my subject of choice. I don’t really think I can learn this or have the time.”

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Myth 4



“I just have standards of how people need to perform and I shouldn’t lower my standards for anyone.”

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“

*“There is no one size that fits all...
We must work country by country,
region by region, community by
community, to ensure the diversity
of needs are addressed to support
each reality.”*

— Amina J. Mohammed, *Deputy Secretary-
General, UN*



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Social Determinants of Health: Interventions



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Nurse-Family Partnership Program



- ◆ **What:** Pregnant women received home visits.
- ◆ **Purpose:** Improve prenatal health-related behaviors of women, including reducing use of cigarettes, alcohol, illegal drugs and enabling needed treatment for pregnancy-related complications.
- ◆ **Result:** Improvements in prenatal health-related behaviors, pregnancy outcomes, and reduced rates of child abuse and neglect.

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Tellegacy Pilot with Dakota GWEP



- ◆ **What:** Healthcare students/staff engages in meaningful conversations with residents.
- ◆ **Purpose:** Decrease a sense of isolation and loneliness in the lives of older adults while providing healthcare students or staff training/practice in listening, mitigating implicit bias, and negate health equity threats such as ageism.
- ◆ **Result:** Increased medication compliance, positive-change in ageism-related perspectives, increased value in the stories (narratives) of a resident.

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Other Example: **Meals on Wheels**



- ◆ Meals on Wheels started in 1954 to support senior neighbors to extend their independence and health as they age.
- ◆ The support they provide is a nutritious meal, a friendly visit and a quick safety check.



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“Why treat people and send them back to the conditions that made them sick?”

– Michael Marmot, Professor of Epidemiology & Author



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Taking Action



*Action Plans to Dissolve
implicit biases and
promote SDOH*

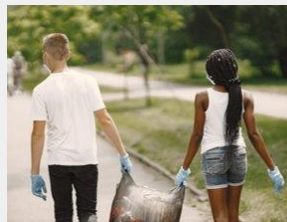


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Staff Debriefs and Reflections



- ◆ Provide a safe place.
- ◆ Provide a place of learning.
- ◆ Provide a place to make changes.



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Debriefs also...



- ◆ Offer collegial support and listening to each other (this helps diffuse stress "on the job").
- ◆ Leads to an appreciation of each other's roles and stressors, and prompts brainstorming ways to support one another.

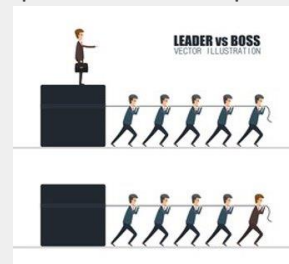
Cameron, F., & Brownie, S. (2010). Enhancing resilience in registered aged care nurses. *Australasian Journal on Ageing*, 29(2), 66-71

Retrieved from <https://www.thefreelibrary.com/The+benefits+of+debriefing%3A+Reflective+debrief+sessions+attended+by...-a0609869394>

Action Plans to Dissolve implicit biases with new behaviors



- ◆ Be involved in interventions that promote empathy, compassion, and bias-mitigating strategies as often as possible for habit replacement.
- ◆ Mindfulness regarding perspective-taking, and therapeutic relationship.



Narayan, M. C. (2019). CE: addressing implicit bias in nursing: a review. *AJN The American Journal of Nursing*, 119(7), 36-43.

Action Plans to Dissolve implicit biases with new behaviors

- ◆ Recognize the habit's damaging effects.
- ◆ Make a commitment to break the habit.
- ◆ Persistently practice more desirable habits using bias-mitigating strategies.



Narayan, M. C. (2019). CE: addressing implicit bias in nursing: a review. *AJN The American Journal of Nursing*, 119(7), 36-43.

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Results of Action Plans to Dissolve implicit biases with new behaviors

- ◆ Seeing Residents (and staff) as individuals and not as obstacles (or pawns) to achieving a goal.
- ◆ Observing one's own thoughts, feelings, and assumptions.
- ◆ Being nonjudgmental (facial expressions and other body language included).
- ◆ Working from facts, to thoughts, then feelings.



Narayan, M. C. (2019). CE: addressing implicit bias in nursing: a review. *AJN The American Journal of Nursing*, 119(7), 36-43.

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“

*“Of all the forms of inequality,
injustice in health is the most
shocking and inhumane.”*

– Martin Luther King, Jr., *Civil
Rights Activist & Nobel Peace Prize
Recipient*



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Debriefing Questions



Think of a situation in which you needed to reflect or debrief on a challenging encounter with a resident or staff member.

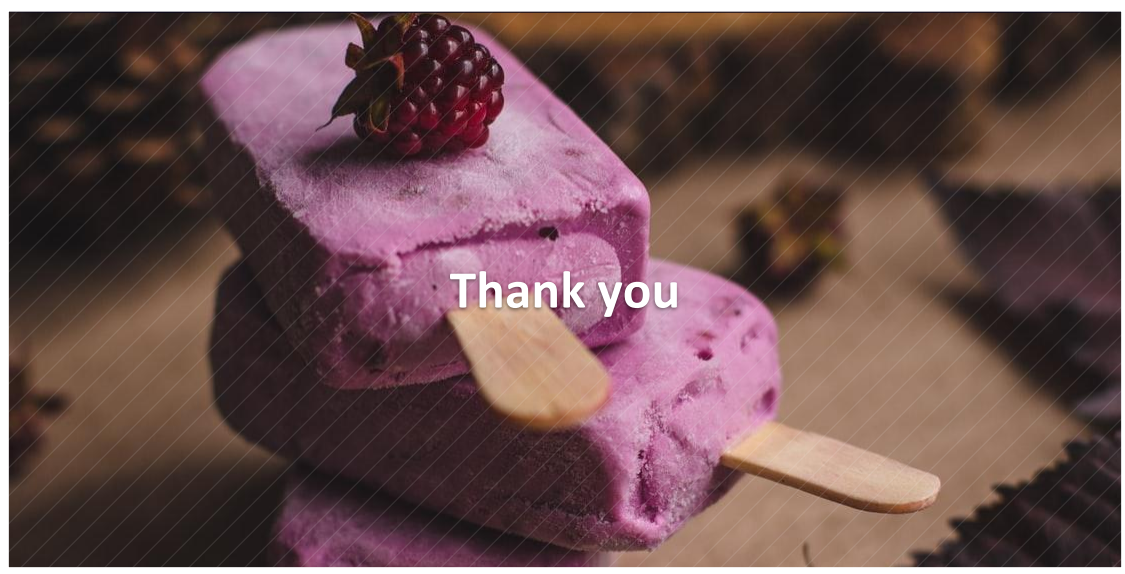
What were possible factors outside of this conflict that might be contributing to the issue?

How can you set out to understand your residents (and Staff) more?

How will you implement debriefing in your respective place of work?

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Social Determinants of Health

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Action Steps to QAPI

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

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APRIL 13, 2022

Pre QAPI Question:

True or False

Identifying benchmarks for performance is an essential component of using data effectively with QAPI



**Follow Up From
Last Week**

**Step 6: Conducting
a QAPI Awareness
Campaign**

Peer Nursing Home Mentors



**Liz Letness, RN-BC, BAN,
CDONA/LTC Chief Clinical
Officer for SMP Health-
St. Catherine in Fargo, ND**



SMP Health
St. Catherine *North*



SMP Health
St. Catherine *South*



**Alison Huether, RN, CDP, CWCA
Director of Nursing for SMP
Health St. Catherine- North in
Fargo, ND**

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



Suggested Data Sources

- ❖ Resident and Family Satisfaction
- ❖ Discharged Resident Surveys
- ❖ Caregiver Satisfaction
- ❖ Resident Council minutes

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>

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/MeasIndCollectMtrPlandebidits.pdf>

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%	1.6%

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

Data provided is fictional

CASPER Facility Quality Measure Report

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Data provided is fictional


www.medicare.gov/nhcompare

MY LOCATION *


PROVIDER TYPE * ▼

NAME OF FACILITY (optional)


[Show search history](#)




Doctors & clinicians




Hospitals




Nursing homes including rehab services




Home health services




Hospice care



Inpatient rehabilitation facilities



Long-term care hospitals



Dialysis facilities

Scenario

77 y/o resident named Jenifer just had her monthly labs drawn this morning and her provider will be at the nursing home tomorrow to do rounds. She is on a regular diet with no restrictions.

Scenario Continued

**Nurse- Noticed she has heart palpitations, and her BP is steadily creeping up
CNAs- Have noticed her napping more often and her legs have been swollen**

Scenario Continued

Activity Director- States she hasn't been coming to activities, even BINGO which is her favorite!

Scenario Continued

Nurse- Asks dietary how Jenifer has been eating lately

Dietician- States her tray always comes back with her potatoes, squash, or bananas untouched

- also mentions that Jenifer always asks for an extra packet or two of salt

Scenario Continued

Housekeeping- States that they find salt packets under her bed and behind her recliner when they clean her room

Family- Shares that they like bringing Mom her favorite snacks like chips and salted sunflower seeds

Scenario Continued

Later that afternoon Jenifer's labs come back and show a low potassium level of 2.9 and a high sodium level of 154

Discussion

Did you see how everyone on the team collected important data?

Who were the not so common team members you would think to get involved?

What's your experience with a not so common team member?

Key Take Aways

- ✓ Keep it simple
- ✓ Know and use your data sources
- ✓ Set goals
- ✓ Get your team involved

Homework



Share some successful strategies for collecting QAPI data



Share a successful story of how you have used your QAPI data

QAPI On The FLY

- ❖ Remember to reach out to your QIO
- ❖ Your QIO has tools and resources for you to use to develop and work on your QAPI
- ❖ Listening to these sessions you can learn some tips that other nursing homes around the country are doing that may be useful for your plan

Post QAPI Question

True or False

Identifying benchmarks for performance is an essential component of using data effectively with QAPI



Thank You

Follow up with Jenifer



Quality Assurance/Performance Improvement (QAPI)

“Transforming the lives of nursing home residents through continuous attention to quality of care and quality of life”



Homework



Check out Resources including
QAPI at a Glance



[insert homework pertinent to
QAPI topic of the week]

Questions



Move-In Experience
(think about: Admissions Paperwork)

**11am all team
member check-ins**
(think about: rounding on new admits)

The Power of PeopleWork v. PaperWork



Culture Change includes transforming long-term care environments into places where older adults can continue to live and, more important, make their own choices and have control over their daily lives.



Challenge: Getting to Yes

Desire communicated to CNA team member:
"I miss sitting out in the sunshine and reading."


Obstacles identified by team members:

- ✓ Safety
- ✓ Staffing


Solution by team members:

- ✓ Develop process to ensure safety
- ✓ Acquisition of "medical alert" type pendant to call team member






Building Resilience: Maintaining Quality Care in Nursing Homes During COVID



Great Plains - Mountain
GWEP Consortium

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**GREAT PLAINS - MOUNTAIN
GWEP CONSORTIUM**



ECHO
University of North Dakota
Center for Professional and Practice Education

A live 12 week series on Wednesdays. March 2nd - May 18th, 2022
1-2:00pm (MST)/2-3:00pm (central). Offered over Zoom.

Presenters include regional and national experts in geriatric care. Receive feedback on your QAPI process from quality improvement experts.

Schedule of Events (Steps and Primary Topic Area):

April 13th: Strategy for Collecting and Using QAPI Data. Resident Centered Case - Social Determinants of Health

April 20th: Identify Your Gaps and Opportunities. Age Friendly Case- What Matters


April 27th: Prioritize Quality Opportunities and Charter PIP. Age Friendly Case- Mentation

May 4th: Plan, Conduct, and Document PIPS. Age Friendly Case - Medications


May 11th: Getting to the "Root" of the Problem. Age Friendly Case - Mobility

May 18th: Take Systemic Action. Principles of Infection and Treatment


Have questions? Contact Peni: peni.rosten@und.edu
Register: [via link](#), or scan the QR Code




Montana Geriatric Education Center



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GERIATRICS

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