

**Culture Change & Person
Centered Care's Positive
Impact on Quality Measures &
Quality of Life of the Residents
We Serve**

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Objectives

- ◆ Discuss long-term care's journey to implement Culture Change over the past 10 years historically to date
- ◆ Describe nursing home systems-processes of care that are most often impacted by Culture Change initiatives-provide examples of specific Quality Measures that may be impacted
- ◆ Provide examples of how person-centered care through Culture Change can positively impact Quality Measures

Person-Centered Initiatives

National Level

- ◆ Green House movement offspring of the Eden Alternative concept
- ◆ Pioneer network
- ◆ Both have sustained over time

State/Regional

- ◆ On a state and local level there have been a number of initiatives over the past 10 years
- ◆ Small house models throughout the state
- ◆ Culture change coalition initiatives
- ◆ Texas Health Care Association initiatives
- ◆ LeadingAge Texas initiatives
- ◆ HHSC provider initiatives

Lessons Learned

- ◆ What are some of the lessons we have learned from this journey?
- ◆ There is not a one size fits all-what is good for one facility or organization quality of care initiatives, may or may not work in another
- ◆ There are a number of solutions for issues we deal with-just because you are regulated does not mean you can't be creative and identify solutions to problems in long-term care to work within those regulations-example small house model

Challenges Faced in Meeting Quality of Care through Person-Centered Philosophies

- ◆ Being consumed by the negativity-losing sight of our mission, ministry and person-centered ideals
- ◆ Becoming Complacent-it takes time & energy
- ◆ Sometimes we are our “own worst enemy”

Challenges...

- ◆ Continued regulatory changes
- ◆ Financial constraints
- ◆ Inability to structure positions to meet all of what we need to cover-staff wearing multiple hats

Challenges...

- ◆ Challenges are making the regulations work within the context of person-centered care

- ◆ These seem to be opposing at times but there are ways that we can make it work

Challenges Moving Into the Future

- ◆ Financial constraints
- ◆ Low Medicaid reimbursement Texas 46th-49th
- ◆ Medicare-managed care
- ◆ Resident population
 - ◆ Higher acuity
 - ◆ Complex care requires higher staffing levels-training of staff
- ◆ Need a strong sustainable workforce

How Do We Overcome?

- ◆ Band together collectively-Collaboration
- ◆ Work Smarter-Stay in the Know!
- ◆ Figure out what resources are available
- ◆ Connect with political figures/legislators

Connect Externally

- ◆ Connect with the community
- ◆ Collaborate with your hospitals-ACOs
- ◆ Hospitals-case managers-other community organizations
- ◆ Who are the stakeholders in your community?
- ◆ Who are the major players... share resources for training

Quality Measures Impacted by Culture Change

- ◆ Psychotropic medication use/behaviors
- ◆ Falls
- ◆ UTIs/Antibiotic overuse
- ◆ Physical restraints-personal alarms

UTIs/Antibiotic Stewardship

- ◆ Still lagging behind in preventing and controlling infections not just long-term care
- ◆ Nursing Systems are not as developed as they need to be
- ◆ Changes have leveled the playing field-LTC held to a higher standard
- ◆ Acute vs. Long-Term Care
- ◆ A great deal of what happens in terms of care is now shared between the hospital and nursing home so everyone has a stake in producing better outcomes

Basics of Requirements

- The CDC advocates 4 basic groups of actions should be taken to prevent antimicrobial resistance in LTC:
 - ◆ Prevent infection
 - ◆ Diagnose and treat infection effectively
 - ◆ Use antibiotics wisely
 - ◆ Prevent transmission

Psychotropic Medication Use

- ◆ National & State wide initiative based on CMS guidelines
- ◆ Ensure appropriate care and use of antipsychotic medications for nursing home residents
- ◆ The emphasis is on specific diagnosis and alternatives to the use of antipsychotics including non-drug approaches that are patient centered
- ◆ Strong geri-psych services & pharmacy consultant support

Moving the Right Direction

- ◆ We have seen a positive response from many providers
- ◆ Still ongoing-education-training still needed
- ◆ Don't become comfortable with thinking "we have made it"

◆ BRAIN STORM IDEAS

Psychotropic Meds-UTIs

Split room in half

- ◆ Groups of 2-4
- ◆ Spend 10 minutes writing down effective interventions or interventions you would like to try to reduce falls
- ◆ Spend 5 minutes sharing ideas with the group

Falls

- ◆ What does your resident population look like?
- ◆ Acuity level
- ◆ Contributing factors: Alzheimer's/dementia, behavioral component, Parkinson's, medications, weakness, the need for therapy or restorative programming, sight/hearing deficits/incontinence, functional loss

Fall Interventions

- ◆ Increase staffing levels and training of staff
- ◆ Therapy-restorative programming
- ◆ Limit external sources, movement-activity at high risk times
- ◆ Low beds/fall mats

Person-Centered Interventions

- ◆ Increase activity options
- ◆ Change times of day that care and activities occur on the unit-Plan activities around the flow of the day
- ◆ Provide more one-on-one activities-smaller group
- ◆ Chairs-benches-seating strategically arranged to encourage rest periods while ambulating
- ◆ Vigil system-other similar concepts

Physical Restraints-Personal Alarms

- ◆ Personal alarms-psychological restraint
- ◆ Interferes with focus-can be very unnerving for residents-sound is not pleasant
- ◆ Is the alarm effective-does it prevent falls?

IDT Team

- ◆ Discuss most problematic quality measures
- ◆ DON, ADON Unit Managers, Social Services, Director of Therapy, Dieticians, Director of Activity, QA-Nurse
- ◆ All disciplines brainstorm and identify problematic issues-identify appropriate interventions to trial

BAT Team

- ◆ Behavioral Assessment Team
- ◆ Geri-psychiatrist, psychologist, nursing team, social workers, activity director
- ◆ Discuss residents who are having breakthrough problematic episodes with behaviors, medications, residents who are not yet on caseload-determine how we can address these issues-improve quality of life for these individuals

Get Everyone Onboard With Your Initiatives

- ◆ You have to “sell it”
- ◆ You can’t make decisions about interventions-changing care when you are working in a silo or only 1 or 2 individuals are driving the change
- ◆ Bring the right people to the table-share example

Include the Resident

- ◆ First and foremost to the extent possible include the resident
- ◆ In discussions related to care-any initiatives that includes them
- ◆ Care plan meetings

Include the Direct Care Staff

- ◆ Staff want to have a voice-input
- ◆ Buy-in
- ◆ Empowers staff to feel they are part of the decision-making team-they have a voice

Include the Family/R.P.

- ◆ If the resident is their own decision maker and they don't want their family involved that is fine-document this information and honor their wishes
- ◆ Include it in the care plan
- ◆ Provide education-training for families to help them understand your facility's quality initiatives

Community Stakeholders

- ◆ Hospitals
- ◆ Form a partnership whether formal or informal
- ◆ Work closely with them to ensure smooth transitions of care i. e., case managers etc.
- ◆ Share resources with-hospitals, nursing homes etc.
- ◆ Example-Infection control/UTIs

Outside Collaboration

- ◆ Visit another facility-what initiatives have they identified?
- ◆ Brainstorm with other facility staff
- ◆ Step away from the problem and redefine the issues
- ◆ QAPI-PIP Team-RCA

QA/QAPI

- ◆ Continue to elevate the need for sound systems via your QA process-don't make “knee jerk” changes
- ◆ Final rule brought about QAPI-the need for working in a more systematic fashion
- ◆ Places more accountability on the provider for addressing issues that need to be addressed-looking outside the comfort zone

Systems-Processes

- ◆ Strong systems are important
- ◆ QAPI defines a systematic approach in quality initiatives
- ◆ Strong processes of care that are effective

QAPI Steering Committee

- ◆ Interdisciplinary
- ◆ Key leaders-managers including the CEO and CFO
- ◆ Oversight on a large scale for the organization to identify how QAPI works in your structure-organization-facility-broad oversight-ensure that it functions within CMS intended guidelines

◆ BRAIN STORM IDEAS

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Summary

- ◆ Culture change-person-centered care-concepts that enhance the quality of life for residents and staff have continued to evolve over time
- ◆ We must align our quality measures with these concepts hand-in-hand to ensure that the population-clients you serve are receiving the best possible care and are happy-creating stability and better outcomes in general

References/Resources

- ♦ Centers for Medicare & Medicaid Services (CMS)
- ♦ State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities
- ♦ Transmittals for Appendix PP *INDEX* Table of Contents
- ♦ (Rev. 173, 11-22-17)