Effective Strategies for Providing Quality Care in SNF

Presented by:

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Objectives

Learners will be able to:

- Discuss the definition of quality and how quality impacts outcomes.
- Review the history of quality and why it is so important to skilled nursing facilities.
- Identify influences and challenges affecting quality in your skilled nursing facility to develop a successful improvement plan.
- Describe the process for using the Donabedian Model of Structure, Process, and Outcome to evaluate quality in your community, establish a plan, and measure improvement.
- Outline strategies found in the literature to implement your quality improvement plan.

Introduction to Quality

Quality Defined

Care that is:

- ✓ Safe
- ✓ Effective
- ✓ Patient Centered
- ✓ Timely
- ✓ Efficient
- ✓ Equitable

Castle & Ferguson (2010)

History of Quality

Castle & Ferguson (2010)

1960's

- PHS began studying nursing home state licensure
- PHS issued the Nursing Home Standards Guide
- Certification became a requirement

1970's

- Demand of nursing homes had skyrocketed
- HCFA created to coordinate Medicare & Medicaid certification

1980's

- Process quality indicators introduced to include 138 health and safety standards
- Due to increasing complaints on poor quality in some nursing homes, the HCFA commissioned the IOM to examine nursing home regulations

1990's

- The Omnibus Budget Reconciliation Act of 1987 was fully enforced
- Introduction of the Minimum Data Set

2000's

- Issues with the current case-mix model
- Introduction of PDPM

What Impacts Quality?

- ✓ ***Staff Turnover***
- ✓ ***Communication***
- ✓ ***Staff Education/Training***

Toles, Colon-Emeric, Moreton, Frey, & Leeman (2021)

Challenges Affecting Quality

- Falls
- Hospitalizations
- Pain
- Pressure Ulcers

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How can Quality be Measured?

The Donabedian Model

Igarashi, Eltaybani, Takaoka, Noguchi-Watanabe & Yamamoto-Mitani (2020)

LoPorto (2020)

Three Components of Care Quality

Structure

- Consists of: facility structure, staffing, qualifications and skills of staff, and characteristics of individual clients or patients who receive care.
- Examine Structure Barriers: this could be lack of training, policies, communication.

Process

- Consists of: provision and implementation of the service, communication, decision making regarding care provision, and care management.
- Examine Cultural Barriers: this could be performance reviews, inconsistent implementation of processes, disconnected leadership, lack of recognition.

Outcomes

- Consists of: clients or patients' symptoms, medical data, quality of life, satisfaction, and service cost.
- Examine Perceptual Barriers: low morale, low job satisfaction, high turnover.

How can Quality be Measured?

The Donabedian Model

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LoPorto (2020)

How to Measure Structure, Process, Outcome

- Hold Interviews
- Hand out a Survey
- Establish a Roundtable of Team Members
- Review Documents

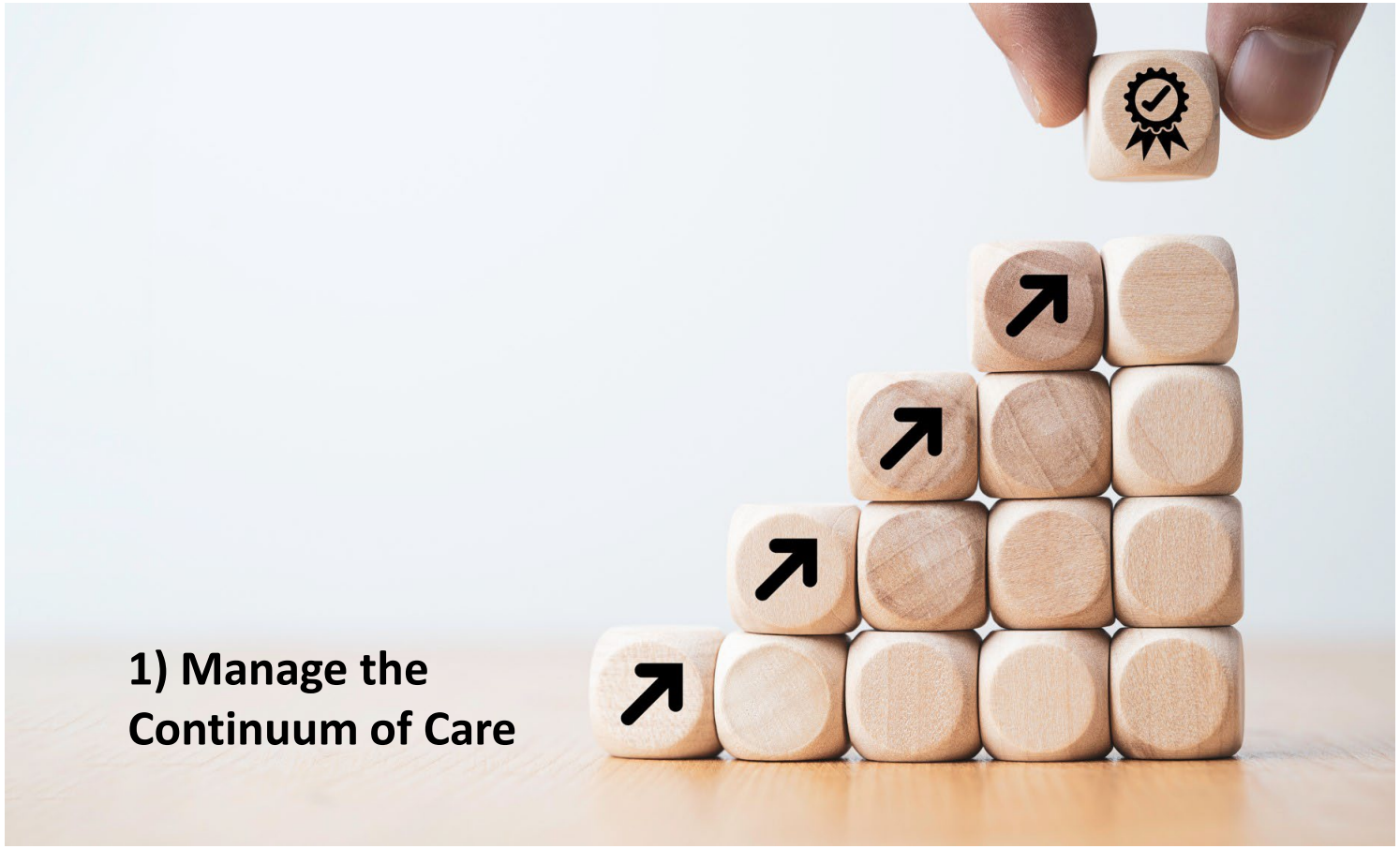
Once the Evaluation is Completed

- Develop a Plan
- Set Goals
- Establish Competencies and Tasks
- Measure Outcomes

Strategies for Quality Improvement

1. Manage the Continuum of Care

Burke & Werner (2019)
Deane, Colvin, & Howard (2022)



The Continuum of Care

- 50% of Medicare Part A patients return to a community environment or their home after a short stay in a skilled nursing facility.

- A study in Topics in Geriatric Rehabilitation demonstrated a 51% risk reduction in readmissions for patients who received transitional care management.

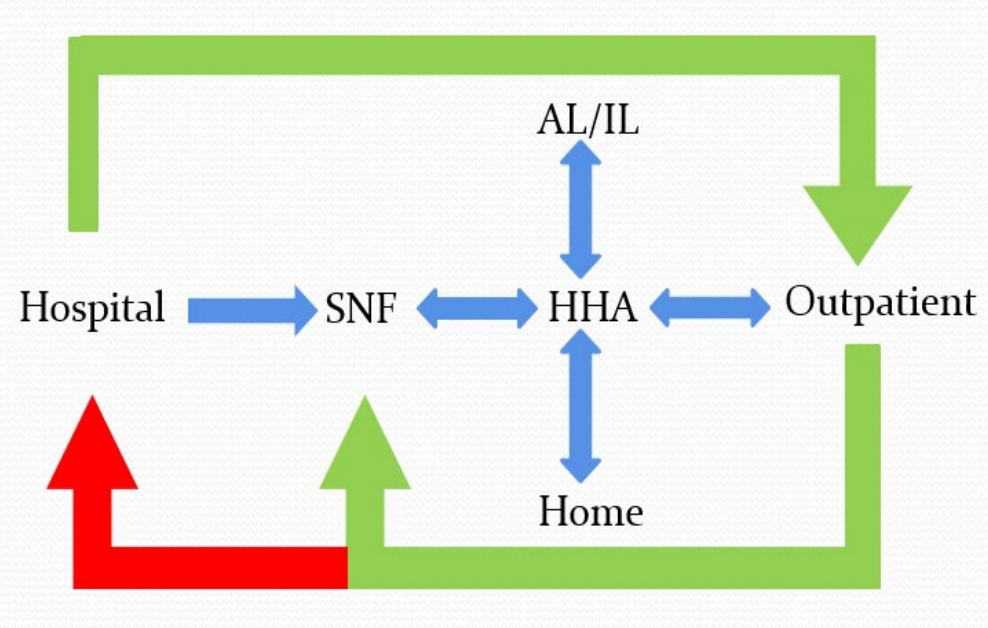
Continuum of Care
Readmission Reduction Strategies

Strategies For Readmission Rate Reduction	
Suggested Recommendations (These strategies are suggestions and all may not be indicated)	**Interdisciplinary Tools:** * **Implement High Risk Clinical Pathways** – Improves interdisciplinary team communication to ensure patients are progressing as planned. * **Friday check** – Social services consults with nursing and rehab on high risk patients, then reports to family on patient status to decrease risk of family requesting return to hospital on weekend. * **Weekend Therapy for High Risk Patients** – Therapy involvement with care on weekend may improve quality as well as communication and interventions with IDT If patient is not doing well. **Discharge Planning Tools:** * **Class Before Pass Program** - Therapist and patient complete safety assessment and if successful, issue a family day pass to trial home environment. * **Home Assessment** – On-site or if unable, family can share pictures and measurements of home environment to then allow task simulation in the facility and therapist to provide safety recommendations for patient's home. * **Detailed DC planning** - Discharge planning worksheets and IDT discharge checklist. **Post-Discharge Tools:** * **Wellness Check-in** – Follow-up call after discharge home. Establish a call schedule for wellness consult with patient or HHA (Day 3, 15, 25 etc.). If patient is not doing well, pt. can may be eligible for direct readmission back into SNF. * **HHA Readmission Risk** – Review HHA D/C to STACH. Develop partnership with HHA to ensure communication back to facility if patient declining at home for potential readmission to facility.

The Continuum of Care

Key to Census Growth – Maintaining Current Resident Census

- Ensures services offered to the residents evolve over time.
- The goal is for a resident to age successfully in place
- This model can look different for each resident



Strategies for Quality Improvement

2. Reduce Falls

Burke & Werner (2019)
Schoberer (2022)

Fall Reduction

- Get Therapy Involved
- Conduct a Drug Regimen Review
- Conduct a Fall Risk Assessment
- Ensure Two Fall Prevention Measures
- Provide Education on Falls

Strategies for Quality Improvement

3. Staff Retention Through Team Member Education and Support

Buljac-Samardzic & Van Woerkom (2018)
Keswin (2022)
LinkedIn Talent Solutions (2022)

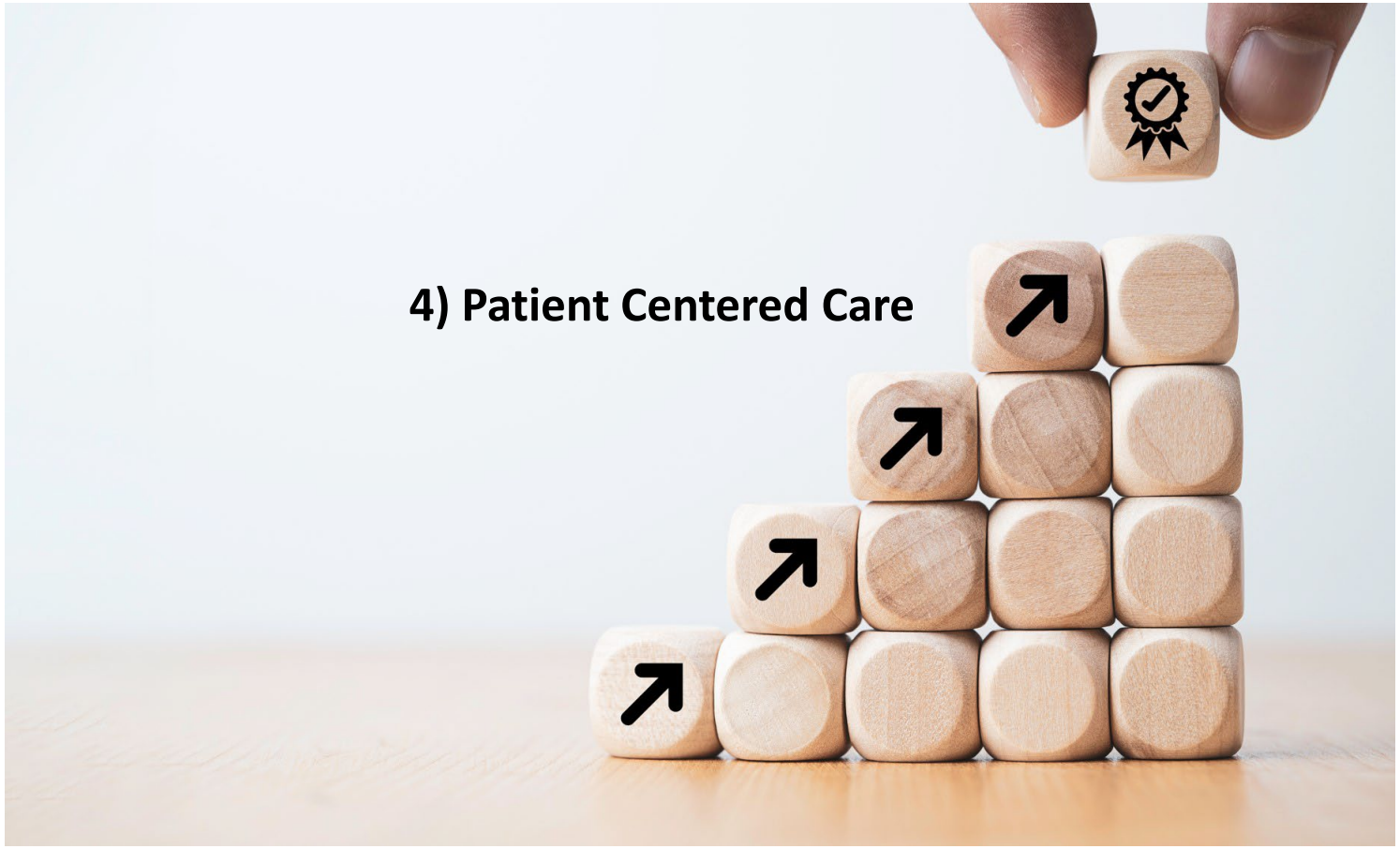
Staff Retention

- In the 2022 LinkedIn Global Talent Trends Report, “Employees expressed the number one way to improve the culture of a company was through professional development” (LinkedIn).
- Employees are seeking enrichment over money.
- Studies are showing that professional development could lead to 30-50% higher retention rates for organizations.
- Employees are requesting coaching, a means for professional development, as one of their top benefits when starting a job.
- Another article suggested that providing team members support for their strengths is another way to improve quality care. Team members want to be actively supported in applying their individual strengths at work.

Strategies for Quality Improvement

4. Patient Centered Care

Sion et al. (2020)



Patient Centered Care

- There is a culture shift from task oriented to patient centered care.
- It is important to consider the clients and families perspective when measuring quality.

This can be accomplished through:

- Conversation
- Observations especially if the person is not able to verbalize needs
- Smiley method to capture the quality of a situation

Patient Centered Care Continued

- Patients expressed the importance of relationships between patients, family, and staff.
- Staff should take the time to get to know the patient and family through meaningful conversations.

This happens through showing:

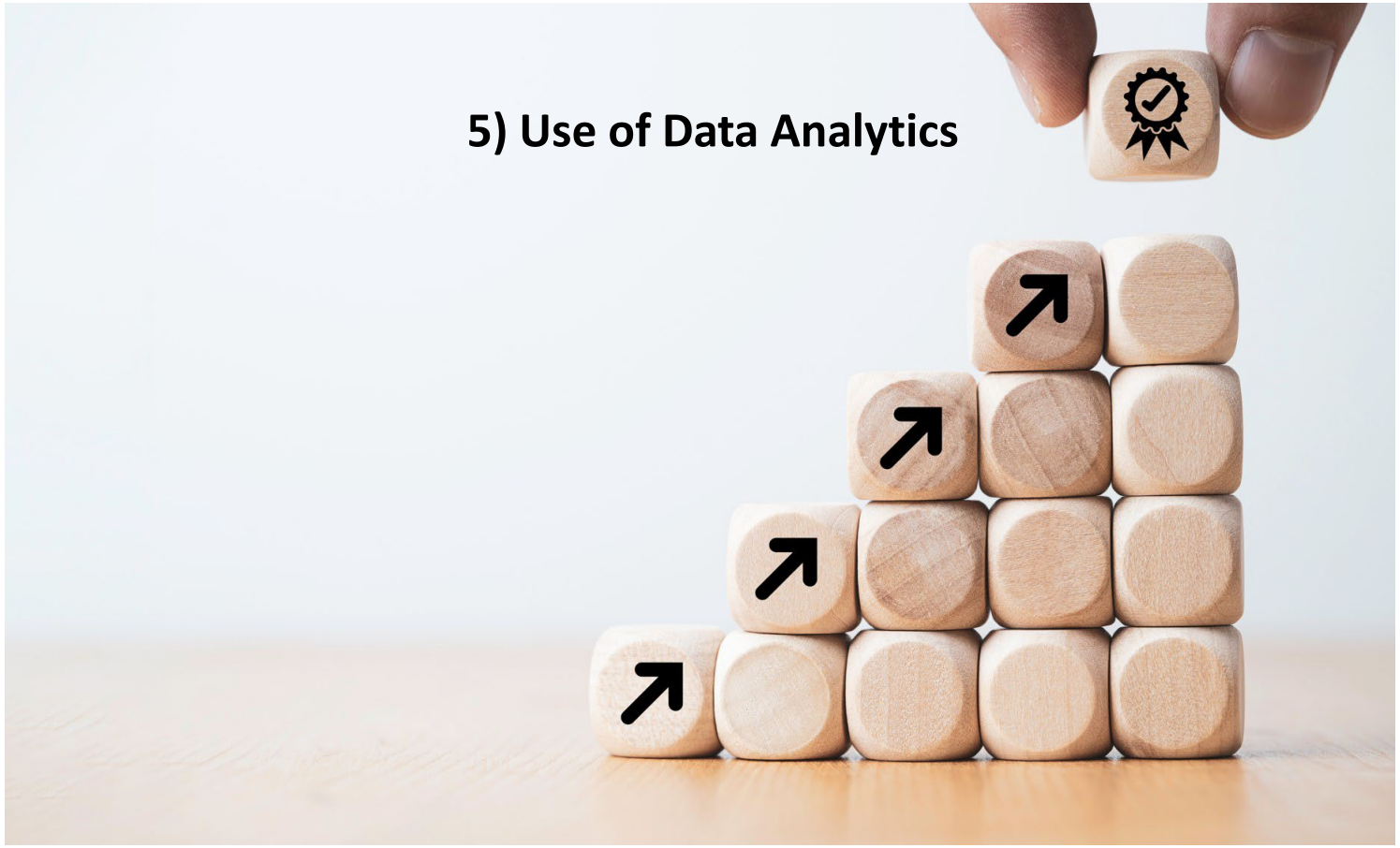
- Empathy
- Openness
- Interest
- Commitment

Once a caregiver gets to know the client, they should:

- adopt a responsive approach for each client
- create a caring environment

Strategies for Quality Improvement

5. Use of Data Analytics



Data Analytics

What is happening in YOUR Market Area?

Identify Top Referral Sources

Identify Patient Movement

Identify Patient Needs

Identify the Quality of Service Being Provided

Data Analytics Reporting Snapshot Example

Patient Movement

Hospital Dashboard – Sample

Key Metric Comparison of Top 10 Competitors

CHI HEALTH BERGAN MERCY		Key Metrics								CMS Star Rating							
Facility	Care Setting	Rank by Volume	Admissions from Hospital	Percent of Discharges	Readmit Rate 30 Day	Readmit Rate 90 Day	ALOS	Avg 30 Day Cost	Avg 90 Day Cost	Overall Rating	Quality Rating	Short-Stay Rating	Long-Stay Rating	Health Inspection	Staffing	RN Staffing	Average Score
COMPETITOR A	SNF	1	75	13.1%	15.6%	25.1%	24.4	$11,023	$13,082	4	3	4	3	4	4	4	3.7
COMPETITOR B	SNF	2	48	8.4%	13.1%	24.6%	25.9	$14,026	$16,745	5	5	5	4	4	4	4	4.5
COMPETITOR C	SNF	3	37	6.8%	10.1%	21.7%	27.6	$12,870	$15,541	3	2	4	1	2	5	5	3.1
COMPETITOR D	SNF	4	35	6.1%	23.1%	33.8%	34.5	$12,940	$15,180	2	4	5	3	1	4	4	3.3
COMPETITOR E	SNF	5	29	5.1%	10.0%	15.9%	34.8	$15,536	$16,612	5	5	5	5	5	5	5	5.0
COMPETITOR F	SNF	6	28	4.9%	10.1%	21.7%	27.6	$12,870	$15,541	3	2	4	1	2	5	5	3.1
COMPETITOR G	SNF	7	28	4.9%	12.8%	20.2%	31.1	$12,923	$15,577	5	5	5	4	3	5	5	4.6
YOUR FACILITY	SNF	8	26	4.6%	9.7%	11.9%	33.1	$14,587	$15,563	5	5	5	4	5	5	5	4.9
COMPETITOR H	SNF	9	26	4.6%	17.1%	28.0%	22.7	$10,898	$14,486	3	3	4	2	2	4	3	3.0
COMPETITOR I	SNF	10	24	4.2%	NR	21.9%	19.7	$10,651	$12,813	3	5	5	4	2	2	2	3.3
Market Average					**13.0%**	**20.0%**	**27.5**	**$13,237**	**$14,983**	**3.4**	**3.7**	**4.3**	**3.1**	**2.8**	**3.9**	**3.9**	**3.6**
State Average					**12.0%**	**19.0%**	**26.8**	**$20,380**	**$25,105**	**3.4**	**3.6**	**4.3**	**3.2**	**2.8**	**3.8**	**3.8**	**3.5**
National Average					**16.0%**	**24.0%**	**28.2**	**$18,848**	**$24,570**	**3.2**	**3.7**	**3.9**	**3.4**	**2.8**	**3.2**	**3.2**	**3.3**

Data Analytics Reporting Snapshot Example

Hospital Readmission Reduction Program (CMS) - Sample

Hospital Financial Risk - HRRP

- Readmission Rates by Condition
- Excessive Readmission Ratio

Hospital Name	City	Measure Name	Total Discharge Volume	Readmission Rate	Excess Readmission Ratio	Number of Readmissions
CHI HEALTH BERGAN MERCY	OMAHA	AMI	410	12.20%	0.920	50
CHI HEALTH BERGAN MERCY	OMAHA	CABG	NR	NR	0.810	NR
CHI HEALTH BERGAN MERCY	OMAHA	COPD	210	19.52%	1.010	41
CHI HEALTH BERGAN MERCY	OMAHA	HF	624	22.60%	1.040	141
CHI HEALTH BERGAN MERCY	OMAHA	HIP-KNEE	NR	NR	0.910	NR
CHI HEALTH BERGAN MERCY	OMAHA	PN	545	15.78%	0.950	86

Strategic Planning

The use of data can help identify where to focus quality improvement efforts.

Strategic Planning should:

- ✓ List areas of opportunities
- ✓ Have measurable goals
- ✓ List action steps needed to meet the goals
- ✓ Have a timeframe for meeting the goals
- ✓ Ensure follow up occurs to track continued progress

Strategic Planning

Facility Name				
Marketing Strategic Plan for Census Development				
Area of Opportunity	**Goal**	**Action Plan**	**Target Date**	**Progress**
Marketing Team	Establish marketing team with scheduled meetings	1) Select marketing team members. 2) Develop a weekly and monthly marketing meeting. (communicate status, progress, and any changes)		
Target Referral Sources	Identify target referral sources in your market area	1) Utilize CMS market data analytics to identify top hospital and physician referral sources for census development. 2) In collaboration with the marketing team, identify other secondary referral sources within the market area.		
Facility Metrics (CMS Data analysis)	Establish performance consistency (systems and tools)	1) Utilize market CMS data analytics to identify strengths and opportunities. 2) Implement readmission reduction strategies to keep a competitive edge with readmission rates. 3) Implement clinical pathways to transition patients appropriately off of skilled services.		
Hospital PAC partnership needs	Identify hospital needs based on clinical needs and pain points (readmission penalty risk).	1) Utilize market CMS data analytics to identify readmission penalty risks. 2) Utilize market CMS data analytics to identify top volume DRGs and discuss clinical initiatives with referral sources.		
Clinical Programming	Establish a Clinical Niche	1) Utilize hospital PAC collaborative analysis to select the most beneficial clinical programming need. Establish a niche to sett your facility apart from competitors. 2) Implement clinical education with staff as needed. 3) Implement customized interdisciplinary clinical pathways as needed.		
Marketing	Select marketing materials and marketing media	1) Create customized marketing materials. 2) Select marketing tools and materials to be utilized on social media platform.		

Strategic Planning Continued

Data Analysis - Key Metrics & Focus Areas	
Facility Name: Timeframe:	
Opportunity and Planning Strategies	
Opportunities	**General Strategic Planning Items**
1) **Clinical** - Top referring hospital needs. Clinical areas that would help in transitioning pts out of the hospital sooner to reduce hospital avoidable days.	Review any market area variables not visible in the CMS data. (PCC, identify specialty physicians groups in market area for potential partnership).
	Pull positive outcome reports for marketing materials for target referral source/group.
	Implement interdisciplinary clinical pathways and staff education/training in clinical areas identified as opportunity. (Utilize in marketing true programming).
2) **Readmission Reduction** - Hospitals or Physicians at risk for readmission penalties.	Select appropriate readmission reduction strategies to ensure facility keeps a competitive edge. (Helpful when marketing to show consistency/plan).
4) **Star ratings** - Facility star ratings are lower than top market competitors.	Implement systematic review of QM/Casper Report with rehab and nursing to identify high risk areas. Implement clinical programming as appropriate.

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Thank You!

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