



Integrating the MDS 3.0 Into Daily Practice

Webinar Series Three: Individualized Care

*Individualizing Care and QAPI:
Two Keys for Reducing Antipsychotic Medications*



Welcome!

**Integrating the MDS 3.0
Into Daily Practice**

**Webinar Series Three:
Individualized Care**

**Part Eight: MDS and QAPI:
A High Involvement Approach**



Using the MDS 3.0 as an Engine for High Quality Individualized Care

July 19, 2012

Part Eight: MDS and QAPI: A High Involvement Approach

Facilitator: Cathie Brady, B&F Consulting

Presenters:

Alice Bonner, CMS

Marilyn Reiersen and Kelly O'Neill, Stratis Health
LeeOra Scott, MDS Coordinator, Good Samaritan Society
Ambassador, New Hope, MN

Teams from

Cobble Hill Health Center, NYC
Kingsbridge Heights Rehabilitation and Care Center, NYC
Holy Cross Village, South Bend, IN



Using the MDS 3.0 as an Engine for High Quality Individualized Care



Marilyn Reiersen, Program Manager,
Stratis Health, Bloomington, Minnesota

Developed by B&F Consulting for the Pioneer Network's National Learning Collaborative on
Using the MDS as the Engine for High Quality Individualized Care Funded by The Retirement Research Foundation

Today's Topics

- What is QAPI?
- Background and context
- The QAPI demonstration project
- The five elements of nursing Home QAPI
- National rollout plans
- QAPI and MDS



Marilyn Reiersen, Program Manager, Stratis Health, Bloomington, Minnesota

What is QAPI?

- Quality Assurance and Performance Improvement (QAPI) is a data-driven and proactive approach to quality improvement. Activities of this comprehensive approach are designed to involve all members of an organization to continuously identify opportunities for improvement and address gaps in systems through planned interventions in order to improve the overall quality of the care and services delivered to nursing home residents.
- QAPI adds PI to existing QAA

Background

- QAPI program in Nursing Homes required in Affordable Care Act, enacted March 2010
- Legislation requires CMS to establish QAPI program standards and provide technical assistance
- Opportunity for CMS to launch QAPI program before rule promulgation

Context

- QAPI programs in other Federally certified programs
 - e.g., hospitals, transplant programs, dialysis centers, ambulatory care, hospice
- NH QAPI to be consistent with other settings at high level
- NH QAPI to take into account issues unique to NH setting

QAPI Development

- CMS contracted with University of Minnesota (with Stratis Health, subcontractor) to support QAPI implementation
- Contractor activities include:
 - Demonstration project to assist in development and testing of tools and resources to support QAPI
 - Technical Assistance & Learning Collaborative modeled in Demo
 - Creation of an On-Line Resource Library to support QAPI
 - Development of “best practices” in NH QAPI
 - Convening a TEP to review and advise contractor on all QAPI

Demonstration Overview

- Goals
 - Technical assistance for nursing home staff
 - Test and learn about what support nursing homes need to implement QAPI
- Activities
 - Individually tailored technical assistance (QAPI Liaisons)
 - Access to tools and resources
 - Participation in Learning Collaborative
- Design
 - Demonstration in four states, began September 2011
 - Volunteer nursing homes (N=17)



**Using the MDS 3.0 as an Engine for
High Quality Individualized Care**

Greetings from CMS



Alice Bonner, PhD, RN, FAANP,
Director for the Division of Nursing Homes,
Centers for Medicare and Medicaid Services (CMS)

Developed by B&F Consulting for the Pioneer Network's National Learning Collaborative on
Using the MDS as the Engine for High Quality Individualized Care Funded by The Retirement Research Foundation

Five Elements of QAPI

- Design & Scope
- Governance & Leadership
- Feedback, Data Systems & Monitoring
- Performance Improvement Projects (PIPs)
- Systematic Analysis & Systemic Action

See Handout for Element Descriptions



Alice Bonner, PhD, RN, FAANP,



Using the MDS 3.0 as an Engine for High Quality Individualized Care

How is QAPI Different from QAA?

QAPI is more than a program – it is the over-arching framework for how we do our work throughout the organization



Alice Bonner, PhD, RN, FAANP,

National Rollout Plans

- Release of toolkits and related materials
- Outreach to and involvement of multiple national and state stakeholders
- Continued identification of resources and case examples
- Continued enhancements to web resource library
- Ongoing partnerships to support the implementation of QAPI



Alice Bonner, PhD, RN, FAANP,



Using the MDS 3.0 as an Engine for High Quality Individualized Care



Kelly O'Neill, Program Manager, Stratis Health,
Bloomington, Minnesota

Developed by B&F Consulting for the Pioneer Network's National Learning Collaborative on
Using the MDS as the Engine for High Quality Individualized Care Funded by The Retirement Research Foundation

QAPI and MDS

- Links between assessment and care planning and ongoing performance improvement
- Key elements of MDS data can trigger and inform QAPI work



QAPI and MDS

- QAPI—focus on clinical care, quality of life, resident choice, and care transitions
 - Data for all of these areas are gathered through MDS
 - Examples
 - D-Mood (PHQ9); F-Preferences for Customary Routine and Activities; Q-Participation in assessment and goal setting; Many clinical assessment sections



Kelly O'Neill

QAPI and MDS

- QAPI—focus on systems to monitor care and services, use of indicators
- MDS data is used to calculate performance measures
 - MDS 3.0 facility quality measure report—monitor and interpret your performance and identify opportunities for improvement



QAPI and MDS

QAPI—focus on use of best available evidence

MDS Care Area Assessments

- Goal is an individualized care plan, not organizational care plan
- CAA process:
 - Identify and use tools that are current
 - Must use current clinical standards of practice
 - Must use evidence-based or expert endorsed research
 - Must use clinical practice guidelines and resources
 - Use sound clinical problem solving skills
 - Use critical thinking skills



Kelly O'Neill

QAPI and MDS

- MDS reports (14): monitor to assess MDS 3.0 processes, accuracy, staffing, and timeliness. For example:
 - Activity report – use this to determine workload, adequate staffing
 - Error Detail report – track timeliness of record submission
 - Missing assessment – ensure all assessments have been successfully submitted
 - Reason for Assessment (RFA) Statistics – use to monitor/evaluate workload – do you need additional staff to help manage assessments (e.g., do you complete assessments timely, in order to plan appropriate care)



Kelly O'Neill



Using the MDS 3.0 as an Engine for High Quality Individualized Care



LeeOra Scott, MDS Coordinator,
Good Samaritan Society Ambassador,
New Hope, MN

Developed by B&F Consulting for the Pioneer Network's National Learning Collaborative on
Using the MDS as the Engine for High Quality Individualized Care Funded by The Retirement Research Foundation

QAPI Demonstration Participant Insights

- RAI coordinator and team members look for
 - Real time information with regard to trends that may need to be addressed with QAPI (e.g., increase in skin problems or UTIs)
 - Process and system improvements needed, and bring these findings and opportunities forward to address through QAPI
- QAPI must involve direct care staff in order to make a meaningful impact



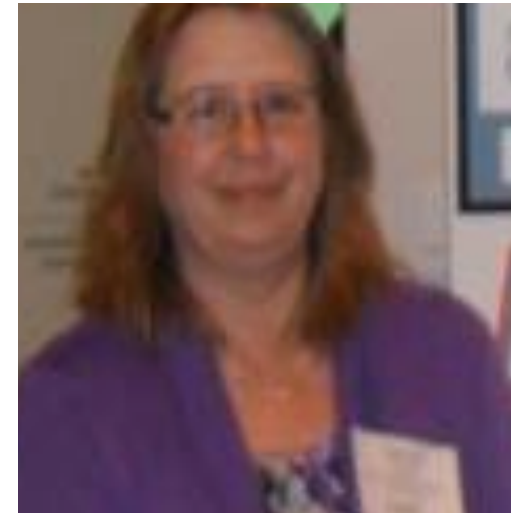
LeeOra Scott, RN, BSN,
RAC-CT, PHN,
MDS Coordinator



Using the MDS 3.0 as an Engine for High Quality Individualized Care

QAPI Demonstration Participant Insights

- MDS gives us great information for QAPI. But remember that QAPI is about more than statistics on paper. Listen to all feedback from residents, staff, families, providers, etc. Don't gloss over comments; listen for opportunities!
- CAAs are very closely linked to QAPI. It is all about critical thinking.
- Failure to identify root causes of resident issues can lead to inappropriate data collection and care planning. QAPI is all about using systematic in-depth analyses to provide appropriate care, and to prevent errors or problems.



LeeOra Scott, RN,
BSN, RAC-CT, PHN,
MDS Coordinator

QAPI Demonstration Participant Insights

- CAA – goal is individualized care plan. Staff that do the assessments and care for the resident really need to know the resident well. We need processes in place that set us up to make that happen. Ask: how well do we do this? Is this an opportunity for QAPI?
- Look for survey TAGs tied for care planning– if you have problems with these, key potential areas for QAPI focus.
 - F272 comprehensive assessment
 - F274 significant change assessment
 - F279 comprehensive care plan
 - F280 care plan done within 7 days



Acknowledgements

- CMS Team: Alice Bonner, Karen Schoeneman, Debbie Lyons, Israel Cross, Sheila Hanns, Kathleen Johnson
- Project team: Rosalie Kane, Robert Kane, Janie Moore, Pat Schommer, Jennifer Lundblad, Jane Pederson, Kelly O'Neill, Marilyn Reiersen, Kathie Nichols
- Technical Expert Panel and other consultants



Using the MDS 3.0 as an Engine for
High Quality Individualized Care

Contact Information

Kelly M. O'Neill, RN, BSN, MPA, CPHQ

Program Manager, Stratis Health

koneill@stratishealth.org

Marilyn Reiersen, MS

Program Manager, Stratis Health

mreiersen@stratishealth.org

LeeOra Scott, RN, BSN, RAC-CT, PHN

MDS Coordinator, Good Samaritan Society
Ambassador

lscott1@good-sam.com



Using the MDS 3.0 as an Engine for High Quality Individualized Care

If you are listening to this webinar in an archived format, this is a good time to pause the webinar and debrief on what you've just heard.



Cathie Brady
B & F Consulting



**Using the MDS 3.0 as an Engine for
High Quality Individualized Care**

For more information about
the ipod project, go to:

www.MusicandMemory.org



Using the MDS 3.0 as an Engine for High Quality Individualized Care



Ann Wyatt, Consultant,
1199-SEIU MDS 3.0 Learning Collaborative,
Cobble Hill Health Center,
and on the Board of Music and Memory.

Developed by B&F Consulting for the Pioneer Network's National Learning Collaborative on
Using the MDS as the Engine for High Quality Individualized Care Funded by The Retirement Research Foundation



Using the MDS 3.0 as an Engine for High Quality Individualized Care



Ann Wyatt, Louise Deano, Yvonne Russell
Cobble Hill Health Center, NYC

Developed by B&F Consulting for the Pioneer Network's National Learning Collaborative on Using the MDS as the Engine for High Quality Individualized Care Funded by The Retirement Research Foundation



Using the MDS 3.0 as an Engine for High Quality Individualized Care



Louise Dueno
Director of Therapeutic Recreation
Cobble Hill Health Center, NYC

Developed by B&F Consulting for the Pioneer Network's National Learning Collaborative on Using the MDS as the Engine for High Quality Individualized Care Funded by The Retirement Research Foundation



Using the MDS 3.0 as an Engine for High Quality Individualized Care



I liked that it was innovative
and that we could offer it to
all of our residents.

Louise Dueno,
Director of
Therapeutic
Recreation



Using the MDS 3.0 as an Engine for High Quality Individualized Care



I learned too.

Louise Dueno,
Director of
Therapeutic
Recreation



Louise Dueno,
Director of
Therapeutic
Recreation

- We started on our
- dementia unit.
- We involved everyone,
everyone embraced it.
- We started with 3 residents.



Using the MDS 3.0 as an Engine for High Quality Individualized Care



Our administrator was immediately on board:

\$40...that's all?

Louise Dueno,
Director of
Therapeutic
Recreation

Let's do it!



Using the MDS 3.0 as an Engine for High Quality Individualized Care



We educated everyone.

Louise Dueno,
Director of
Therapeutic
Recreation



Using the MDS 3.0 as an Engine for High Quality Individualized Care



We now have about 100 ipods

Louise Dueno,
Director of
Therapeutic
Recreation



Using the MDS 3.0 as an Engine for High Quality Individualized Care



Yvonne Russell
Recreation Leader
Cobble Hill Health Center, NYC

Developed by B&F Consulting for the Pioneer Network's National Learning Collaborative on Using the MDS as the Engine for High Quality Individualized Care Funded by The Retirement Research Foundation



Using the MDS 3.0 as an Engine for High Quality Individualized Care



Yvonne Russell,
Recreation
Leader

He used to have a reaction
to music.....

We have a music assessment.

His daughter was helpful.

Music is very personal.



Using the MDS 3.0 as an Engine for High Quality Individualized Care



We picked out the music that was important to him.

You have to really personalize the music.

Yvonne Russell,
Recreation
Leader



Using the MDS 3.0 as an Engine for High Quality Individualized Care



I did the assessment on a behavioral level.

Yvonne Russell,
Recreation
Leader

I noticed a picture of him in his room of him in his army uniform...



Using the MDS 3.0 as an Engine for High Quality Individualized Care



Behaviors changed!

Yvonne Russell,
Recreation
Leader



Using the MDS 3.0 as an Engine for High Quality Individualized Care



I learn about the residents and I learn about the music they love.

Yvonne Russell,
Recreation
Leader

Certain memories are so precious.

I see the benefit and the pleasure it gives to residents.



Using the MDS 3.0 as an Engine for High Quality Individualized Care



Care Planning

BIMS scores have gone up.

Louise Dueno,
Director of
Therapeutic
Recreation



Using the MDS 3.0 as an Engine for High Quality Individualized Care



We surveyed staff and residents because we wanted to know how effective this was.

Louise Dueno,
Director of
Therapeutic
Recreation

We didn't want just our perspective.



Using the MDS 3.0 as an Engine for High Quality Individualized Care



We wanted to know if there were any glitches, and if the residents were still using them.

Louise Dueno,
Director of
Therapeutic
Recreation



Using the MDS 3.0 as an Engine for High Quality Individualized Care



We wanted to know if there had been any changes for the resident.

Louise Dueno,
Director of
Therapeutic
Recreation



Using the MDS 3.0 as an Engine for High Quality Individualized Care



Our biggest challenge was getting enough to go around.

Louise Dueno,
Director of
Therapeutic
Recreation



Louise Dueno,
Director of
Therapeutic
Recreation

It takes a lot of work to keep the program going.

- Keeping ipods charged
- Lost ipods
- Updating the music



Louise Dueno,
Director of
Therapeutic
Recreation

Sustainability

- Master list
- Ipods are numbered
- Monthly review
- Purchase as needed
- A large music library
- We regularly educate staff



Using the MDS 3.0 as an Engine for High Quality Individualized Care



Yvonne Russell,
Recreation
Leader

The music helps them remember family members.

I learn about the residents because the music evokes memories for them.



Using the MDS 3.0 as an Engine for High Quality Individualized Care



We obtain very individualized music that is meaningful to the residents

Louise Dueno,
Director of
Therapeutic
Recreation



Using the MDS 3.0 as an Engine for High Quality Individualized Care



Residents use the Ipods at night and it relaxes residents.

Yvonne Russell,
Recreation
Leader



Using the MDS 3.0 as an Engine for High Quality Individualized Care



We can change their quality of life
for that moment.

Louise Dueno,
Director of
Therapeutic
Recreation

We can let them have their
memories.



Using the MDS 3.0 as an Engine for High Quality Individualized Care



This is a great example of
Person-Centered Performance
Improvement.

Ann Wyatt



Using the MDS 3.0 as an Engine for High Quality Individualized Care



Ann Wyatt

Started on a small scale.

Learned from the small number.

Classic performance improvement.



Using the MDS 3.0 as an Engine for High Quality Individualized Care



They keep it fresh— and build it into the care planning process.

Ann Wyatt



Using the MDS 3.0 as an Engine for High Quality Individualized Care



Ann Wyatt

Pay attention to the opportunities for positive change.

When everybody has a part, ideas can come from anyone.



Using the MDS 3.0 as an Engine for High Quality Individualized Care

Archived viewers:

Pause for group discussion.



Cathie Brady
B & F Consulting Inc.



Using the MDS 3.0 as an Engine for High Quality Individualized Care



Part of Quality Care Community MDS 30 Learning Collaborative

Developed by B&F Consulting for the Pioneer Network's National Learning Collaborative on Using the MDS as the Engine for High Quality Individualized Care Funded by The Retirement Research Foundation



Using the MDS 3.0 as an Engine for High Quality Individualized Care

Our performance improvement project was to integrate CNA's and families into care planning.



Irene Rayco
MDS
Coordinator



Using the MDS 3.0 as an Engine for High Quality Individualized Care

We started having the care plan meetings right where people live and work.

We started in the area where we had the most consistent staff.

We meet every Wednesday in the day room before activities start.



Irene Rayco
MDS
Coordinator



Using the MDS 3.0 as an Engine for High Quality Individualized Care

After six months we saw such positive outcomes that we decide to do this for the whole home.

It was a trial and error process.

We brainstormed together when there was a problem.



Irene Rayco
MDS
Coordinator



Using the MDS 3.0 as an Engine for High Quality Individualized Care

Comparison of CNA attendance before and after initiating CCP meeting in the unit



Using the MDS 3.0 as an Engine for High Quality Individualized Care

Comparison of Resident's /Family member's attendance before and after initiating CCP meeting in the unit



Using the MDS 3.0 as an Engine for High Quality Individualized Care

CNA's are happier because they are included.



Lennie Dimatulac
MDS Coordinator

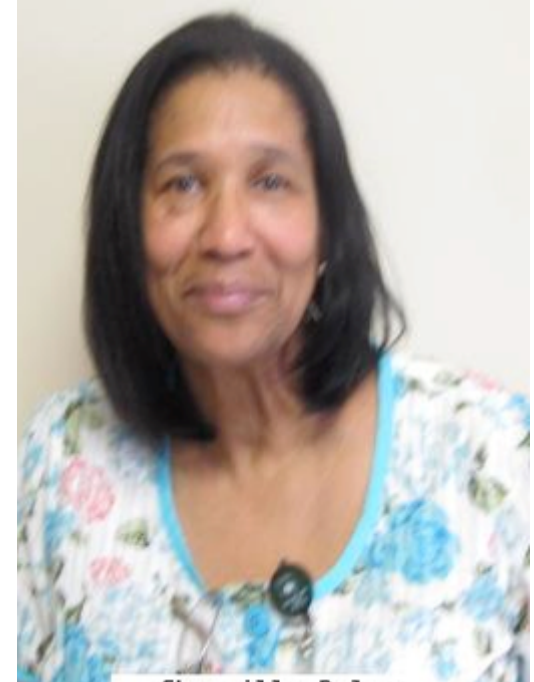


Using the MDS 3.0 as an Engine for High Quality Individualized Care

I was very hesitant at first.....

I was afraid it would take me from caring for my residents.

But I learned a lot from it.



Cherrille Daley,
CNA



Using the MDS 3.0 as an Engine for High Quality Individualized Care

It's very important to have CNA's in the care plan meeting because you can share information with the other departments.

And get information.



Dania Rojas, CNA



Using the MDS 3.0 as an Engine for High Quality Individualized Care

By knowing the residents we can help them maintain routines that are familiar.

Crocheting was familiar and therefore therapeutic for one resident.

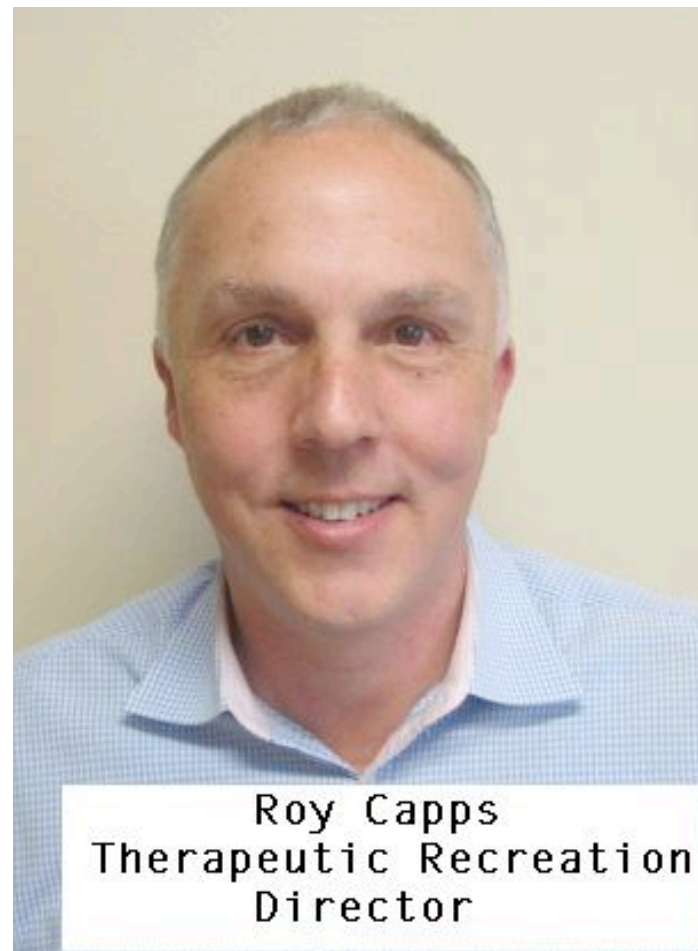


Lennie Dimatulac
MDS Coordinator



Using the MDS 3.0 as an Engine for High Quality Individualized Care

CNA's have become real advocates for the residents.

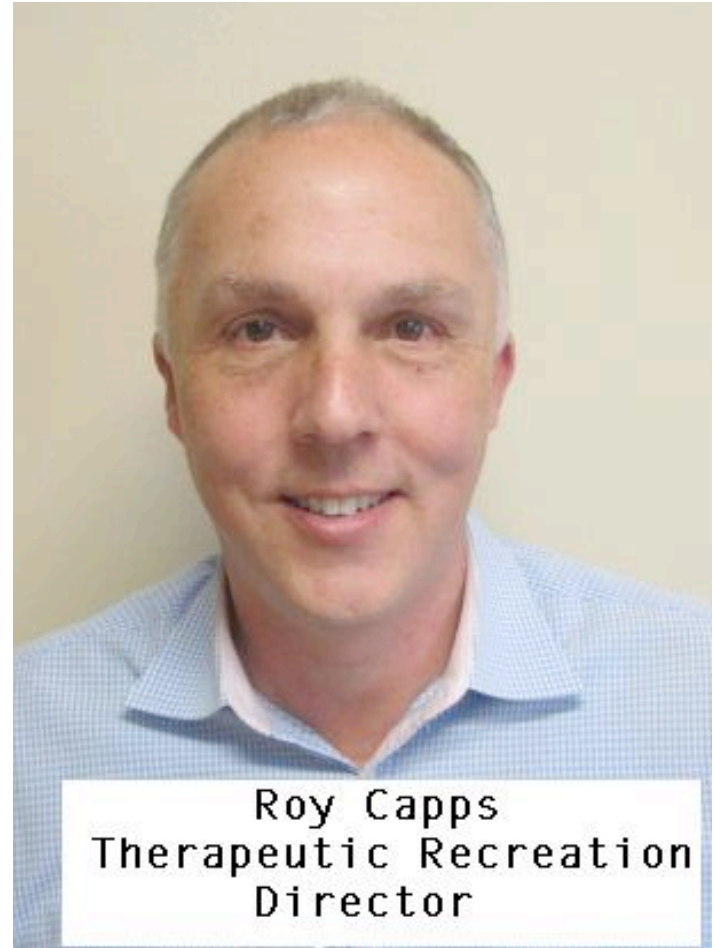


Roy Capps
Therapeutic Recreation
Director



Using the MDS 3.0 as an Engine for High Quality Individualized Care

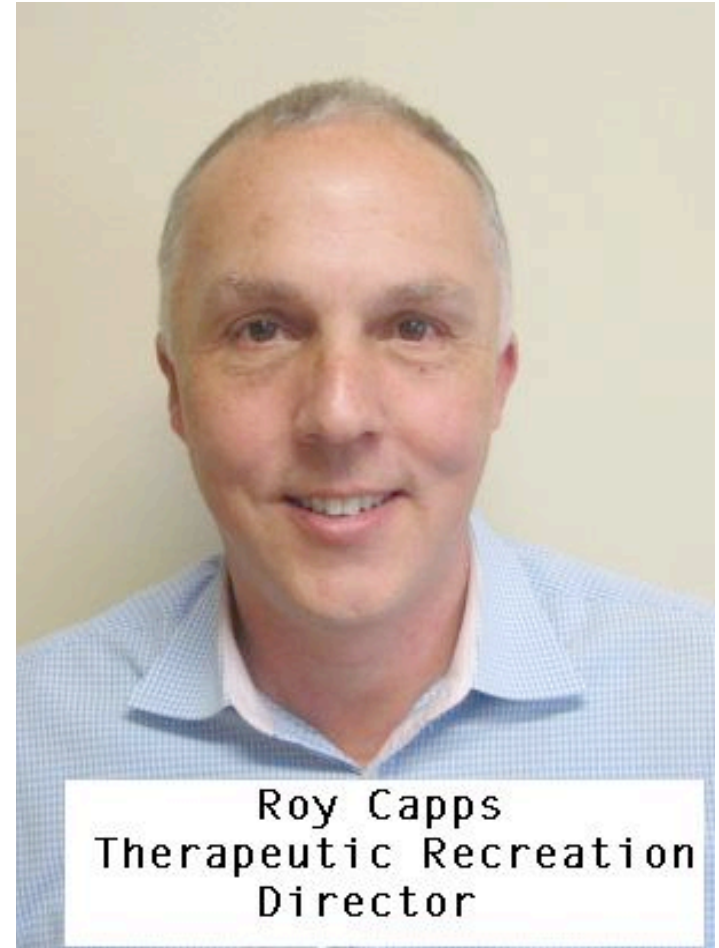
It's really important that I have an understanding of what the routine is.





Using the MDS 3.0 as an Engine for High Quality Individualized Care

Our teamwork is better.





Using the MDS 3.0 as an Engine for High Quality Individualized Care

By involving our residents and their families we give them voice to tell us about how we care for them.

We have better communication with our staff so we provide better care for our residents.

A repoire developed.



Luisito Manalungsung RN
MDS Coordinator



Using the MDS 3.0 as an Engine for High Quality Individualized Care

If a family member can't come we can do a conference call.



Gaetana Capozzo
Director of Social Services



Using the MDS 3.0 as an Engine for High Quality Individualized Care

Since we've been doing it this way the voices of the resident are heard and preferences honored so we have fewer complaints.



Lennie Dimatulac
MDS Coordinator

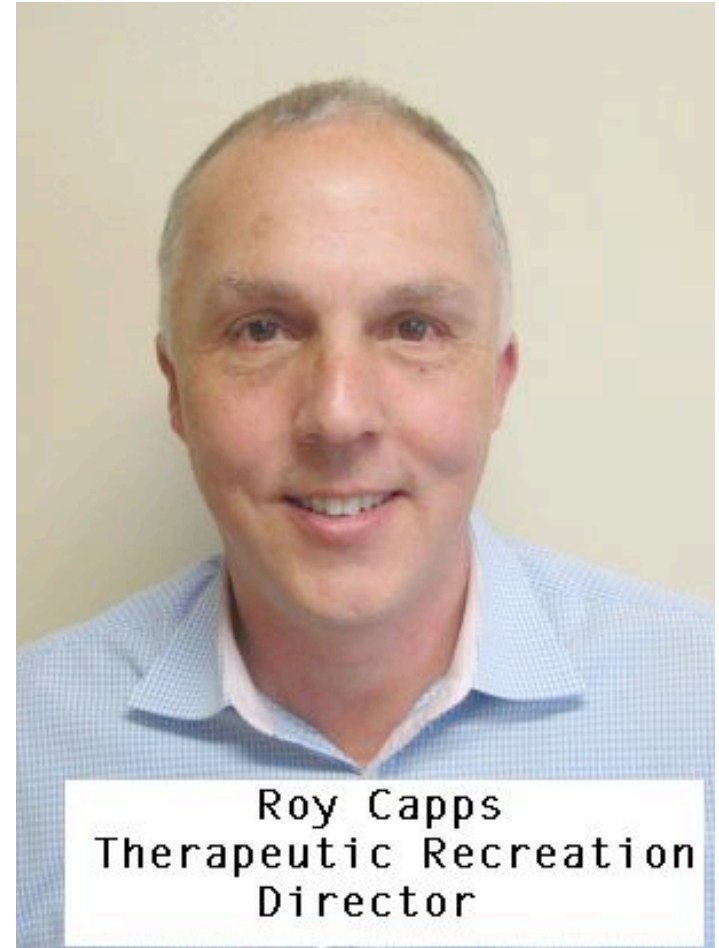
Lennie Dimatulac
MDS Coordinator



Using the MDS 3.0 as an Engine for High Quality Individualized Care

Solutions are found on the spot.

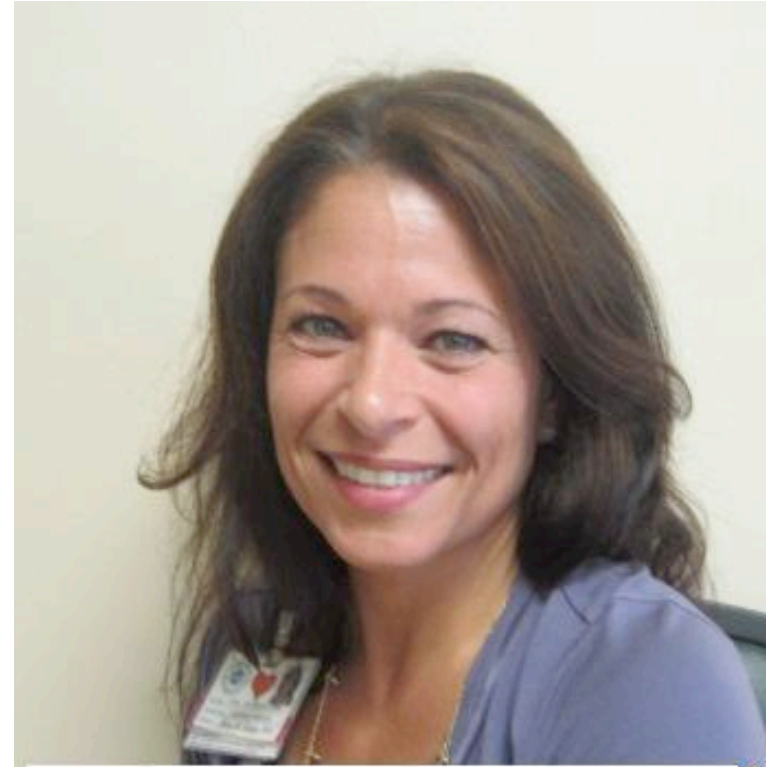
We have more accountability.





Using the MDS 3.0 as an Engine for High Quality Individualized Care

We started small...



Gaetana Capozzo
Director of Social Services



Using the MDS 3.0 as an Engine for High Quality Individualized Care

The key was their willingness to step outside of the box and try something new.

We can do this.

We have greater teamwork.



With Quality Care
Community MDS 30
Learning Collaborative



Using the MDS 3.0 as an Engine for High Quality Individualized Care

A great idea— having the care
planning conference where it
is easy to get to!



**Using the MDS 3.0 as an Engine for
High Quality Individualized Care**

Another way to close the gap...

Developed by B&F Consulting for the Pioneer Network's National Learning Collaborative on
Using the MDS as the Engine for High Quality Individualized Care Funded by The Retirement Research Foundation

Staff Engagement + Individualized Care

Developed by
Isabella Geriatric
Center
and
Cobble Hill Nursing

www.isabella.org

www.cobblehill.org



Developed by B&F Consulting for the Pioneer Network's National Learning Collaborative on
Using the MDS as the Engine for High Quality Individualized Care Funded by The Retirement Research Foundation



Integrating the MDS 3.0 Into Daily Practice

Series 1

**Integrating the MDS Into Daily Practice
and**

Series 2

**Integrating the MDS Into Daily Practice,
Clinical Applications**

are available for purchase
as archive recordings at
www.PioneerNetwork.net



Connect with the Network!

www.PioneerNetwork.net

Learn the latest news about our annual national conference, webinars, research news, events nationwide and more.



Find us on Facebook too!