

Best Care Practices in the Geriatrics Continuum 2012 Annual Conference Florida Medical Directors Association

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Overview

- Survey Activity
- Quality Improvement Initiatives
- Best Practices

Top Ten Health Deficiency Citations

January 1, 2011 - December 31, 2011

Rank	Tag	Description
1	F0371	The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions
2	F0441	The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to prevent the development and transmission of disease and infection.
3	F0329	Each resident's drug regimen must be free from unnecessary drugs.
4	F0514	The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.
5	F0323	The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.
6	F0253	The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.
7	F0282	The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.
8	F0431	The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation.
9	F0279	A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.
10	F0309	Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.

Immediate Jeopardy Citations

- *Areas for which IJ was determined include:*
 - Resident Rights- 483.10
 - Resident Behavior and Facility Practices- 483.13
 - Resident Assessment- 483.20
 - Quality of Care- 483.25
 - Nursing Services-483.30
 - Dietary Services- 483.35
 - Infection Control- 483.65
 - Physical Environment- 483.70

QAPI Demonstration

- Seventeen volunteer nursing homes from California, Florida, Massachusetts and Minnesota have been part of a demonstration by launching QAPI programs, testing technical assistance approaches and evaluating effective practices.

Five QAPI Elements

- Element 1: Design and Scope
- Element 2: Governance and Leadership
- Element 3: Feedback, Data Systems and Monitoring
- Element 4: Performance Improvement Projects (PIPs)
- Element 5: Systematic Analysis and Systemic Action

Reduction of Avoidable Hospitalizations

- Reduce frequency of avoidable hospital admissions and readmissions
- Improve resident health outcomes
- Improve hospital ↔ nursing home transition
- Reduce cost without restricting access to care or choice of providers

Public Reporting of Anti-Psychotic Medication Use

- By August 2012, CMS will begin public reporting of two measures of anti-psychotic medication use:
 - Long-stay: Prevalence of psychoactive medication use in the absence of psychotic or related conditions.
 - Short-stay: Incidents of psychoactive medication use, in the absence of psychotic or related conditions.
- This measure will not be used in the Five-Star Rating System at this time.

New Measure

- Incidence: % of individuals who have an antipsychotic drug initiated for an off-label use within the first 90 days of a nursing facility stay (regardless of payer source or length of stay).
 - Exclusions
 - Antipsychotic use identified on the initial assessment or
 - Diagnosis of schizophrenia, Huntington's or Tourette

New Measure

- Prevalence: % of long-stay residents with off-label use of an antipsychotic drug.
 - Exclusions:
 - Diagnosis of schizophrenia, Huntington's or Tourette

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- **Unnecessary Drugs**

1. General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used:

- (i) In excessive dose (including duplicate therapy); or
- (ii) For excessive duration; or
- (iii) Without adequate monitoring; or (iv) Without adequate indications for its use; or
- (v) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or
- (vi) Any combinations of the reasons above.

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2. Antipsychotic Drugs. Based on a comprehensive assessment of a resident, the facility must ensure that:

- (i) Residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and
- (ii) Residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.

Improving Behavioral Health In Nursing Homes

- High prevalence rates of antipsychotic drug use in nursing home residents have been reported in several studies including for a diagnosis of dementia.
- According to CMS's QM/QI report, between July and September 2010, 39.4% of nursing home residents nationwide who had cognitive impairment and behavioral problems but no diagnosis of psychosis or related conditions received antipsychotic drugs.
- Atypical antipsychotic drugs cost more than \$13 billion in 2007 – nearly 5% of all U.S. drug expenditures.
- Black box warnings are issued by FDA.

CMS Plans for National Initiative: A Public-Private Partnership

- CMS is developing a national action plan to improve dementia care, behavioral health and to safeguard nursing home residents from unnecessary antipsychotic drug use.
- By improving dementia care and non-pharmacologic interventions for behavioral health in nursing homes, CMS hopes to reduce unnecessary antipsychotic medication use in nursing homes and eventually other care settings as well.

National Initiative Goals

- Goal for the national initiative: 15% reduction in the prevalence of antipsychotic use in long-stay dementia residents by the end of CY 2012.
- Goal shared by American Health Care Association, LeadingAge, Advancing Excellence and American Medical Directors Association.
- New goals for 2013 are in development.

CMS Plans for National Initiative: A Public-Private Partnership

- Proactive efforts include collaboration with partner organizations around:
- Provider and prescriber training
- Surveyor training, review of surveyor guidance, protocols and challenges related to assessing compliance in these areas
- Continued research
- Quality measurement
- Public reporting

Survey Process

- Identify positive practices related to behavioral health and non-pharmacological approaches to dementia care.
- Require certain processes are documented (e.g., specific target behaviors, treatment goals, expected duration of administration, and monitoring).
- Require direct care staff and others to be able to articulate, in surveyor interviews, that person-centered care practices are being used.
- Engage physicians (including the medical director), nurse practitioners and other primary care providers in dialogue about facility practices.

Survey Process Continued...

- Ensure that residents or families/legal representatives have been engaged in the decision-making process.
- Look for documentation that the resident/representative was informed about the risks and benefits of the medication, including the black box warning, the rationale for use and target behaviors.
- Distinguish between emergency use (appropriate indications) and ongoing or chronic use and how that IDT decision is documented.
- Directed Plans of Correction

Training

- Available for providers and clinicians
- Hand-in-Hand
 - Provides direct care workers training that emphasizes person-centered care prevention of abuse, and non-pharmacological interventions

Florida Coalition

- Florida Medical Quality Assurance, Inc., and the Agency for Health Care Administration State Leads
- Florida Medical Directors Association
- Pioneer Network
- Ombudsman
- Florida Health Care Association, LeadingAge of Florida
- University of South Florida
- Outreach to additional partners

Objective

Every resident receiving an antipsychotic medication is doing so for the right reason, at the correct dose.

Association with Adverse Outcomes

- Use of antipsychotic medications in nursing facilities is associated with increase in:
 - Death
 - Hospitalization
 - Falls and Fractures
 - Veno-thrombotic events.

Considerations

- Communication techniques
- Alternative interventions
- Initial steps
 - Address PRN use for antipsychotic medications
 - Look at discontinuing or gradual dose reduction for residents on medications for greater than 12 weeks
 - Evaluate need for antipsychotics started on residents during the evening/night shift or over the weekend

Impact of Change

- Culture change of family, staff and clinicians
- Fewer accidents and injury rates
- Improved staff satisfaction

Senior Falls Prevention Coalition

- The coalition is created to be an advisory body to the Florida Department of Health's Office of Injury Prevention and the Florida Department of Elder Affairs' Elder Rights Bureau, Communities for a Lifetime Initiative.
- The coalition will provide advice and expertise in the preparation and implementation of the Florida Senior Falls Prevention Strategic Plan.

Senior Falls Prevention Coalition

- Promote state, local and community-level activities that positively affect senior falls prevention.
- Engage stakeholders to advocate for senior falls prevention.
- Promote community level activities supporting evidence-based falls-prevention injury programs (risk assessment, interventions, education and evaluation).

Key to a Falls Prevention Program

- Root Cause(s) Analysis
 - What happened?
 - Why did this happen?
 - Implement corrective actions/interventions

Considerations to Reducing Falls

- Assess medications
- Protect sleep
- Low beds/mats on the floor
- Alarms
- Thoroughly evaluate the circumstances when a fall occurs

Clostridium difficile Infection

- *C.difficile* (CDI) has surpassed MRSA as most common cause of HAI in community hospitals in southeastern U.S.
- 5% mortality
- Greater likelihood of discharge to long-term care
- Antibiotic therapy is the most common cause of reoccurrence
- Correlation to hospitalization

Risk Factors: Key Prevention Targets

- Antimicrobial exposure
- Acquisition/transmission
- Gastric acid suppression
- Advanced age
- Underlying illness
- Immunosuppression

Infection Control

- Hand Hygiene – Soap vs. alcohol gel
 - Alcohol not effective
 - Soap and water recommended after caring for CDI patients
 - Glove use most effective since spores are so resistant
 - Ensure adequate availability to hand washing/sinks

Infection Control

- Antibiotic therapy
 - Consider contact precautions
- Spore transfer from residents and care staff
- IV placement vs. hand washing

Best Practices for Consideration

- Consistent assignment
- Medication administration assessment
- Outreach to local medical student training programs
- Direct care staff training

Contact Information

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