

Ohio's Long-Term Care Quality Initiative

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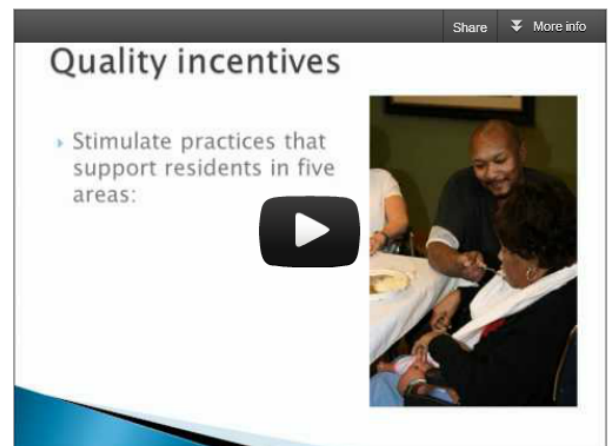
Raising the Bar in Nursing Homes

Ohio is raising the bar for quality long-term care, beginning with nursing homes, through a Medicaid payment policy that rewards nursing homes for achieving quality incentive measures. At the center of this effort is the resident who lives in a nursing home for any length of time - whether they are elders or people with disabling conditions.

Person-centered care is becoming a way of life in Ohio. This means that we are creating environments where people can live and work with meaning and purpose. It involves residents, their family and friends, and the caregivers who work every day to support the resident's preferences and needs. Everyone engaging together makes the place a home.

The quality incentive measures are intended to stimulate practices that support residents in five general areas: nursing home performance, choice, staffing, clinical practice and environment. The goal is for all nursing homes to achieve the quality incentive measures. To that end, this website provides valuable resources to assist nursing homes. We will point you to resources for each of the twenty measures, including professionals who have experience that can help.

Use the menu above to begin learning how your facility can meet - or already is meeting - the quality incentives. This site will constantly evolve, so visit often. If you have questions about the measures or this website, please [contact us](#).



The Measures

Performance (all)

- Satisfaction Survey Overall Scores
- Participation in the Advancing Excellence in America's Nursing Homes campaign
- Standard and Complaint Survey Performance

Choice (all)

- Choice in Dining
- Choice in Bathing
- Choice in Rising and Retiring
- Advance Care Planning

Clinical (all)

- Pain
- Pressure Ulcers
- Restraints
- Urinary Tract Infections
- Hospital Admission Tracking

Environment (all)

- Private Rooms
- Accessible Bathrooms
- Eliminate Overhead Paging
- Room Personalization

Staffing Measures (all)

- Consistent Assignment
- Staff Retention
- Staff Turnover
- Aide Participation in Care Conferences

Implementing Innovation

The information in this website was compiled and is presented based on Everett Rogers' *Diffusion of Innovations*, the seminal book on how and why new information is spread through cultures. Assistance for understanding and implementing each measure is broken down into Rogers' five attributes of innovation:

- **Relative Advantage** - The degree to which an innovation is perceived as better than the idea or practice it supersedes.
- **Simplicity** - The degree to which an innovation is perceived as simple to understand, apply and use.
- **Compatibility** - The degree to which an innovation is perceived as being consistent with the existing values, experiences, beliefs, needs and practices of potential adopters.
- **Triability** - The degree to which an innovation can undergo a trial and be tested on a small scale.
- **Observability** - The degree to which the use of an innovation and the results and impacts it produces are apparent and/or visible to those who should consider it.

Background

- Senate Bill 264
- Nursing Facility Quality Measurement Subcommittee Report to the Ohio General Assembly

Quality Improvement Guides

- Quality Improvement Workbook (Ohio KePRO)
- Long-term Care Improvement Guide (Picker Institute)
- Artifacts of Culture Change (Pioneer Network and Commonwealth Fund)

Technical Assistance

- **Quality Incentive Data Submission Tool.** The web-based data submission tool developed by the Ohio Department of Job and Family Services. Facilities must complete the submission no later than May 31, 2012 to be considered for the state fiscal year 2013 rate-setting. Please review the submission instructions.
- **Crosswalk of organizations offering technical assistance resources to assist in meeting quality incentive goals.** Developed by Ohio KePRO in conjunction with partnering organizations.



Department of
Aging



Department of
Job and Family Services

**Ombudsman
Stepping Up For
Elder Rights**



**Ohio Person-Centered
Care Coalition**
www.centeredcare.org

Consistent Assignment

Relative Advantage

Compatibility

Simplicity

Trialability

Observability

Resources

To receive the quality incentive point for this measure, the facility must do both of the following:

- Maintain a written policy that requires consistent assignment of nurse aides and specify the goal of having a resident receive nurse aide care from not more than eight different nurse aides during a 30-day period; and
- Communicate the policy to its staff, residents and families of residents.

The point will be awarded to providers who indicate on the [Quality Incentive Data Submission Tool](#) that they have adopted such a policy (as defined above). Facilities must complete the submission no later than May 31, 2012 to be considered for the state fiscal year 2013 rate-setting. Please review the [submission instructions](#).

Relative Advantage

Consistent assignments allow staff to get to know the residents, their wants and needs and preferences for daily routines. This allows staff to more easily plan their workload and schedule during their shift and anticipate the residents' needs.

Consistent assignments also allow staff to get to know the usual condition or status of the residents. This can help staff to pick up on subtle changes in a resident's condition before a crisis occurs, reducing the chance that a change in resident condition can occur without the staff's knowledge.

Many nursing homes use the practice of rotating assignments, citing issues of fairness and preventing burnout ("[A Case for Consistent Assignment](#)," Farrell et al, Provider magazine). While burnout is an important consideration, the cause of burnout must be understood if it is to be addressed. According to Dr. Bill Thomas, "The true cause of burnout is the deadening effect of closing one's emotions to people who are in obvious need of a human connection." ("What Are Old People For? How Elders Will Save The World" William H. Thomas, Vanderwyk & Burnham, 2004). When staff assignments are rotated, it is difficult for them to have a "set routine" for individual residents. The workflow changes with each new assignment. Consequently, rotated staff try to get through basic care and compliance with facility procedures for documentation, and there is often not enough time in a shift to make a "human connection" with the residents. This can lead to burnout, which can further lead to staff turnover, increased tardiness and call-offs, low staff morale, etc.

A high degree of consistent staff assignment is associated with "lower citations on quality of life deficiency citations (resident), quality of life deficiency citations (staffing), quality of life deficiency citations (facility) and quality of care deficiency citations.") [The Influence of Consistent Assignment on Nursing Home Deficiency Citations](#), Nicholas G. Castle, PhD, The Gerontologist, November 2011)



Choice in Dining

Relative Advantage

Compatibility

Simplicity

Trialability

Observability

Resources

To receive the quality incentive point for this measure, a facility must offer at least 50 percent of its residents a minimum of one of the following dining choices for at least one meal each day:

- Restaurant-style dining in which food is brought from the food preparation area to residents per the residents' orders;
- Buffet-style dining in which residents obtain their own food or have the facility's staff bring food to them, per the residents' directions, from the buffet;
- Family-style dining in which food is customarily served on a platter and shared by residents;
- Open dining in which residents have at least a two-hour period to choose when to have a meal;
- Twenty-four-hour dining in which residents may order meals from the facility any time of the day.

The point will be awarded to providers who indicate on the [Quality Incentive Data Submission Tool](#) that at least 50 percent of their residents are offered choice of meals (as defined above). The facility must meet the accountability measure beginning Jan. 1, 2012 and ending March 31, 2012. Facilities must complete the submission no later than May 31, 2012 to be considered for the state fiscal year 2013 rate-setting. Please review the [submission instructions](#).

Relative Advantage

Providing choice in dining has a positive impact on quality. Research supports that liberalized diets enhance the quality of life and nutritional status of adults in a nursing home setting.

Residents given choice in dining experience reduced weight loss, increased protein and energy intake, reduced supplement use (more "real food" intake) and decreased nutrition and hydration related clinical conditions (e.g., pressure ulcers, urinary tract infections). See the discussion of positive outcomes in [The Food and Dining Side of the Culture Change Movement: Identifying Barriers and Potential Solutions to Furthering Innovation in Nursing Homes](#), beginning on page 16.



Residents with cognitive impairments may benefit the most from the adoption of home-like dining options. A study published by the [Journal of the American Dietetic Association](#) reported that residents with cognitive impairments with low body mass index, which makes them most at risk for malnutrition, benefit more from home-like dining options other than traditional tray service.

Cost calculations may daunt facility administration when considering adoption of additional dining choices, but research indicates that they may experience lower food costs, reduced food waste, less money spent on cost of nutritional supplements and more consistent food temperatures. See the discussion of cost considerations in [The Food and Dining Side of the Culture Change Movement: Identifying Barriers and Potential Solutions to Furthering Innovation in Nursing Homes](#), beginning on page 17.

Room Personalization

Relative Advantage

Compatibility

Simplicity

Trialability

Observability

Resources

To receive the quality incentive point for this measure, the facility must have at least the minimum scores noted below on residents' ability to personalize their rooms with personal belongings on both its resident and family satisfaction surveys:

- Resident Satisfaction Survey (initiated in odd years); minimum score: 90
- Family Satisfaction Survey (initiated in even years); minimum score: 95

The facility must participate in the Ohio Resident Satisfaction Survey and the Ohio Family Satisfaction Survey conducted by the Ohio Department of Aging and receive sufficient resident/family responses to meet the required margin of error. The scores from the resident survey initiated in calendar year (CY) 2011 will be used for the state fiscal year (SFY) 2013 rate; the scores from the family survey initiated in CY 2012 will be used for SFY 2014 rate.

The Department of Aging will report scores for the incentive calculation. No reporting action by the facility is needed. The results of the 2011 Nursing Home Resident Satisfaction Survey are available here: [2011 Resident Satisfaction Survey - Room Personalization](#).

Relative Advantage

The overall goal of the environment of each resident's room and bath is to replicate the space residents enjoyed while living in their own home. The room needs to be supportive of the individual needs of that resident whether it be memory loss or accessibility issues. The space also must support caregivers. Even in shared rooms, it is possible to create two separate spaces that are not identical but are personalized to each individual resident and their needs. The focus of the room should be to include items that support the resident's quality of life, including autonomy, functional competence, meaningful activities, privacy, dignity, relationships, individuality and safety for the resident.



Facilities that successfully personalize resident spaces achieve:

- A step on the way to more person-centered care, improving overall satisfaction;
- Residents who may feel more at home and comfortable in their surroundings;
- Residents who have a better quality of life;
- Residents who are more satisfied and are more participative in their care and care plan;
- Return on investment. A home environment is an investment, but with planning and strategic thinking transformations need not be costly and can yield significant returns;
- Personalization of resident spaces can lead to de-institutionalization of the entire facility; and
- Residents who personalize their spaces can create ownership and pride in their home.

Compatibility

Nursing facilities' practices that encourage the personalization of residents' room are supported, not hampered, by licensure and certification regulations. The survey process does not interfere or impede personalization of rooms or deinstitutionalization of the overall environment. Further, regulations support personalization. The State Operations Manual has no restrictions on personal items or resident customization of space.

- **F246 - Accommodation of Needs:** A resident has the right to - reside and receive services in the facility with reasonable accommodation of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered; and "reasonable accommodations of individual needs and preferences," means the facility's efforts to individualize the resident's *physical* environment. This includes the physical environment of the resident's bedroom and bathroom, as well as individualizing as much as feasible the facility's common living areas.
- **F252 - Environment:** The facility must provide - a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.
- **F256 - Adequate and comfortable lighting levels in all areas:** The facility must provide - Adequate and comfortable lighting levels in all areas; "adequate lighting" means levels of illumination suitable to tasks the resident chooses to perform or the facility staff must perform.

Simplicity

Resident personalization of space is easy for facilities to achieve because it initially requires very little effort and no expense. The process begins with the administration acknowledging that the physical environment is important and that improving that environment can have real benefits for residents, staff, family members, volunteers and other users of the facility. Personalization of space is about the *psychological environment* - items that invoke memories, images of the past and promote sensory stimuli.

Initially, the facility can focus on encouraging and assisting residents to customize their own space. The facility needs permissive policies that allow each resident to create unique spaces. This is easy to do with new admissions and requires greater effort with current residents as the facility must assist current residents who may no longer have access to some personal items that they would have included previously.

Abolish any policies that limit personalization or prohibit how residents personalize their space.

Personalization of space isn't limited to bringing in a favorite chair or a few pictures:

- Invite residents to use candle warmers and other safety conscious aroma devices to personalize their space.
- Invite residents to bring a pet or assist them in rescuing a pet.
- Encourage residents to use the walls of their room to personalize their space including the use of nails, tape, screws, etc.
- Be flexible in selecting artwork and linens and involve residents whenever you can.
- Be flexible in your approach to room arrangement. Wireless call systems significantly open up possibilities for orienting furniture within a room as access to stationary call bells becomes less important.
- Add built-in niches for artwork, picture frames, books and treasures.
- Encourage residents and staff to display photos and personal items in common areas, just as they would have in their prior home.
- Have residents exchange ideas, make decorating magazines available and take residents to Goodwill to shop for items for their space.
- When paint, finishes and furnishings need to be replaced, enlist residents and staff and make selecting replacements a community project or activity.
- Lamps are an attractive addition to a resident's room and are often one of the few pieces small enough for a resident to bring with them from their former home. Some modifications may be necessary.

Making the facility and units within the facility more homelike encourages personalization of individual resident rooms.

- Install washers and dryers on each unit or neighborhood - eliminate industrial approach to laundry.
- Assure private, comfortable and homelike space is available for residents to use to spend time with visitors.
- Make snacks and beverages available for residents to offer guests.
- Install thermostats in resident rooms so residents can control room temperature.
- Re-name units with more residential names that call to mind nature, the local history and help residents connect to their community within and beyond the facility.
- Change routine floor maintenance schedules to reduce noise levels.
- Invite residents to camouflage linen carts and other "institutional" items by painting a mural or applying attractive fabric.
- Add "life" to common areas and resident rooms by adding potted plants, window gardens, herb gardens, etc.
- Give up the notion that all facility furniture needs to be exactly the same - variety in furnishings is an easy, and often less expensive, way to make the environment more homelike.
- Conduct a clutter audit. Cluttered corridors reinforce an institutional aesthetic and discourage personalization.



- Incorporate daylight into the environment. Exposure to daylight is essential for the physical and emotional health of older adults, yet research shows that artificial lighting represents 40 to 50 percent of the energy costs of commercial buildings (*Lighting: Partner in Quality Care Environments*, Brawley, 2008). By incorporating daylight into the environment, long-term care organizations increase benefits to residents and decrease costs.
- Add a wallpaper border as an inexpensive way to personalize space.



- Personalize resident room entrances. The entrance sets the visitor's impression of this being hospital room 327 or the home of Ms. Elder. Besides identifying those living in the room, the entrance should serve as a separation between the private space of the resident's room and the shared space in the corridor. The entrance should include the name(s) of those living in this room and some personalization item that is specific to each resident. Consider painting each door a different color and hanging an individualized mailbox outside of each door.



- Install flat surfaces in resident rooms. Residents need flat surface space for various tasks such as writing a note, doing a craft, working on a puzzle, eating a snack or meal, use a laptop computer, etc. A wall mounted drop leaf table can inexpensively provide space when needed without taking up any floor space.

Additional approaches to consider in helping residents to personalize their space:

- Is the room able to accommodate at least one visitor without either the visitor or the resident sitting on the bed?
- Consider purchasing linens and towels with pleasant colors and patterns and transition from everything being white.
- Provide lockable storage for each resident.
- Consider doing a survey of residents, staff, visitors and volunteers regarding personalization of space.
- Add fireplaces to lounge areas. Free-standing fireplaces are available at a reasonable cost and you can choose whether they generate heat or not.
- Add display shelves to resident rooms for photos and other keepsakes without taking up valuable floor space.
- Add coat hooks to the bottom of a shelf to provide a place for visitors to hang their coats.

Trialability

Attempt this practice on one floor or wing of the facility. Beginning with newly admitted residents and their families, emphasize personalized spaces so they are encouraged to put their own identities into their room. Help the resident council sponsor open houses to resident rooms so other residents can visit and see the potential for their space and others can see the unique spaces developed.

Observability

Visit a college dorm room and see how the roommates are able to live in such close proximity while maintaining their independent, personalized space and privacy.

Resources

Life Safety Code Frequently Asked Questions: What decorations are allowable in a facility for the facility to comply with the life safety code requirements regarding decorative materials.

Pioneer Network

Practical Strategies to Transform Nursing Home Environments, Lois J. Cutler and Rosalie A. Kane with support from The Retirement Research Foundation.

Design on a Dollar

Creating Home in the Nursing Home: Pioneer Network Symposium Recommendations

Quick Fixes for the Environment - Karen Schoeneman and Carmen Bowman, Pioneer Network Conference 2008 and the 24 October 2008 Denver educational forum

Long Term Care Improvement Guide, Planetree, Inc. and Picker Institute.

Picker Institute

Ideas Institute

What is your building saying?, IDEAS Consulting

NH Regs Plus

Society for the Advancement of Gerontological Environments

Access with Ease




Ohio Quality Incentives: Where Nursing Homes Can Turn for Assistance

Is your facility prepared for upcoming Medicaid program incentive payment changes? The following is the list of quality incentive measures enacted as part of the Medicaid reimbursement formula for FY 2013. They were initially recommended by the Nursing Facility Quality Measurement Subcommittee of the Unified Long-Term Care System Advisory Group. The grid indicates organizations that can support your facility's quality efforts related to each measure.

Ohio's Quality Incentives	Advancing Excellence in America's Nursing Homes Campaign	Ohio KePRO Healthcare-Acquired Conditions Project	Ohio Person-Centered Care Coalition	Ohio Department of Health Technical Assistance Program	State Long-Term Care Ombudsman Program	Ohio's NH HAC Learning & Action Network
1. Resident/Family satisfaction	X				X	
2. Advancing Excellence campaign	X	X	X	X	X	X
3. Certification deficiencies*						
4. Resident meal choice			X		X	
5. Resident bathing choice			X		X	
6. Resident sleep/wake schedule			X		X	
7. Advance care planning	X					
8. Pain*	X			X		
9. Pressure ulcers*	X	X		X		X
10. Physical restraints*	X	X		X		X
11. Urinary tract infection*				X		X
12. Resident hospital admissions				X		
13. Medicaid beds in private rooms						
14. Accessible resident bathroom						
15. Overhead paging systems			X		X	
16. Home-like resident rooms			X		X	
17. Consistent assignment of STNAs	X	X	X	X	X	X
18. Employee retention rate		X				X
19. STNA turnover rate	X	X				X
20. STNAs in care conferences			X			

* Additional information on the proposed quality incentives is available at www.healthtransformation.ohio.gov/LinkClick.aspx?fileticket=qbMFTgw0xDO%3d&tabid=40.

** Part of the Centers for Medicare & Medicaid Services 5-Star Rating, available at www.medicare.gov.

ORGANIZATION	BACKGROUND	SUPPORT OFFERED
 Ohio Person-Centered Care Coalition www.centeredcare.org	<u>Ohio Person-Centered Care Coalition</u> The Ohio Person-Centered Care Coalition (PC3) was formed in 2005 by stakeholders in the Ohio long-term care industry. The coalition is comprised of a diverse group of organizations representing providers, consumers, and government agencies. The Coalition's mission is to influence and support transformational culture change in long-term care environments where all individuals can experience meaning and purpose. Person-centered care is a relationship-based approach to nursing home care that honors and respects the voice of elders and those working closest with them.	Free resources and support for person-centered care practices. Join one of the Coalition's five standing committees, or simply register for the listserv and take advantage of free online resources to stay abreast of emerging culture change practices! Website: www.centeredcare.org Resource Page: www.centeredcare.org/pages/resources.asp Contact: Hilary Stai , State Coordinator, 614.466.5002
 Learning and Action Network	Ohio's Nursing Home Healthcare-Acquired Conditions (NH HAC) Learning & Action Network (LAN) The LAN is a broad collaboration between state-level organizations and nursing homes, with a vision of setting the foundation for sustainable change in long-term care. Membership is open to any interested individual or group.	Peer-to-peer information-sharing and networking. Currently in the development stages. Website: https://www.ohiokepro.com/LAN/hac Contact: Leasa Novak , 330.651.3063
 Ombudsman Stepping Up For Elder Rights	<u>State Long-Term Care Ombudsman Program</u> The mission of the Ombudsman Program is to seek resolution of problems and advocate for the rights of home care consumers and residents of long-term care facilities with the goal of enhancing the quality of life and care of consumers. Ombudsmen do that by working to resolve complaints about services, helping people select a provider, and providing information about benefits and consumer rights. Ombudsmen advocate a person-centered approach to meeting the needs and honoring the preferences of long-term care consumers.	Consultation, intervention implementation support (formation of resident and family councils, development of person-centered strategies, Creating Home meetings with residents and staff, Design on a Dollar facility self-assessment, fostering a "neighborhood" environment, etc.), and resources to address weakness in specific quality measures (Resident/Family Satisfaction, Resident Meal Choice/Resident Bathing Choice/Resident Choice in Rising & Retiring, Resident Room Personalization, Consistent Assignment, Overhead Paging); assistance selecting and implementing Advancing Excellence campaign goals. Website: http://aging.ohio.gov/services/ombudsman Contact: Regional Ombudsman Programs, 800.282.1206

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