Innovation: Engaging Patient, Resident, Family and Community in QAPI

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Today's Discussants

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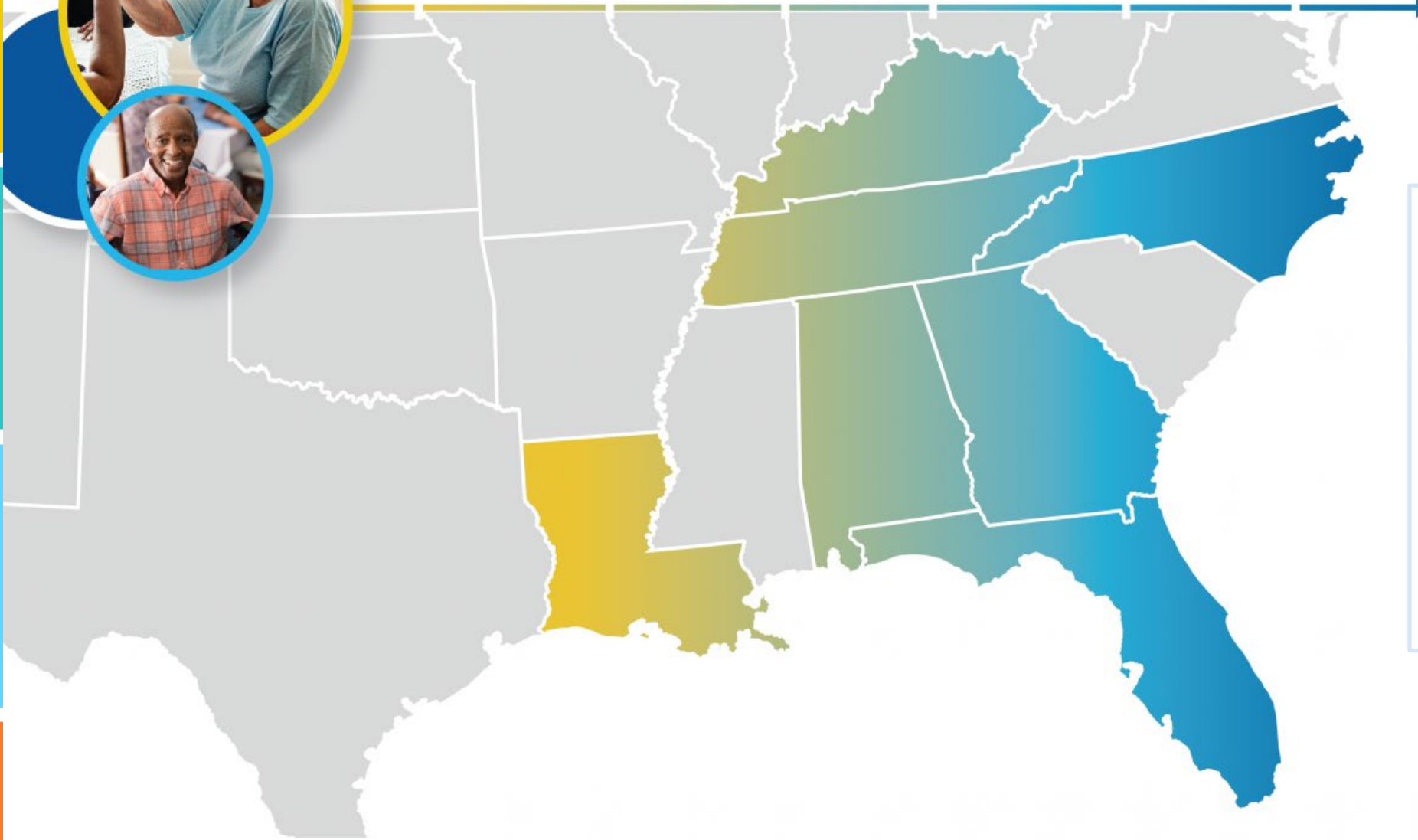
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Ombudsman

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Making Health Care Better *Together*

Alliant Health Solutions is the Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for the following states:

- Alabama
- Florida
- Georgia
- Kentucky
- Louisiana
- North Carolina
- Tennessee

Alliant Health Solutions, QIN-QIO

The IPRO QIN-QIO

The IPRO QIN-QIO

- A federally-funded Medicare Quality Innovation Network – Quality Improvement Organization (QIN-QIO) in contract with the Centers for Medicare & Medicaid Services (CMS)
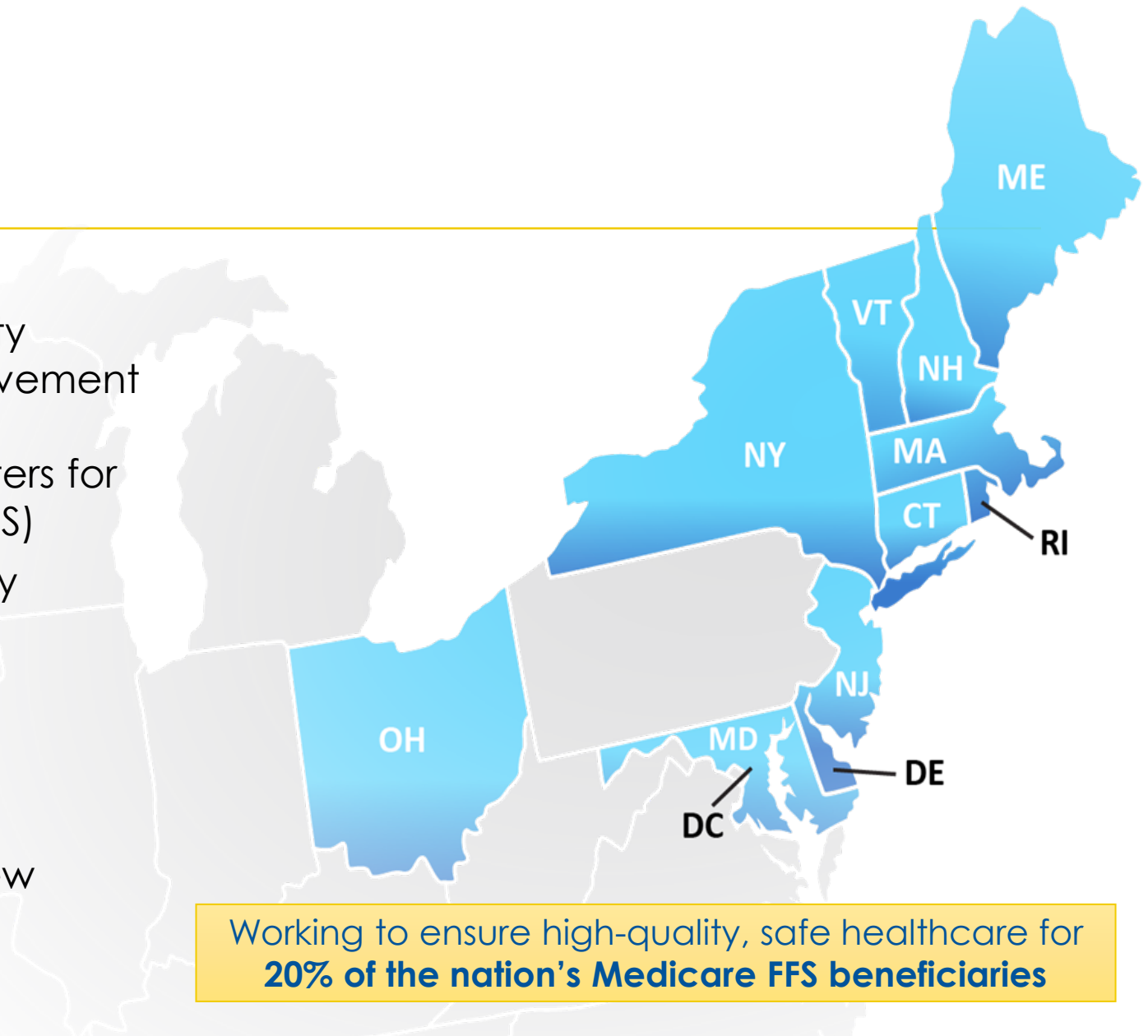
- 12 regional CMS QIN-QIOs nationally

IPRO:
New York, New Jersey, and Ohio

Healthcentric Advisors:
Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Qlarant:
Maryland, Delaware, and the District of Columbia

Working to ensure high-quality, safe healthcare for **20% of the nation's Medicare FFS beneficiaries**

ALLIANT HEALTH SOLUTIONS

IPRO
- QIN-QIO
- HQIC
- ESRD

NQIIC
Network of Quality Improvement and Innovation Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

Learning Objectives

➢ Discuss the roles of resident and family advisors in nursing homes quality improvement

➢ Learn strategies to engage individuals in your quality improvement initiatives

➢ Assess your organization's inclusion of residents and families in safety using IHI self-assessment tool

➢ Learn about the role of the LTC ombudsman and medical director in engaging individuals in facility quality improvement

State Operations Manual (SOM)

§483.75 QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

(b) Program design and scope

(2) Always include clinical care, quality of life, and <mark>resident choice</mark>

(c) Program feedback, data systems and monitoring

(1)<mark>Feedback from residents, their representatives</mark>, direct care staff, and other staff will be obtained and used to identify problems and areas for improvement.

State Operations Appendix PP Rev. 211, 02-03-23)
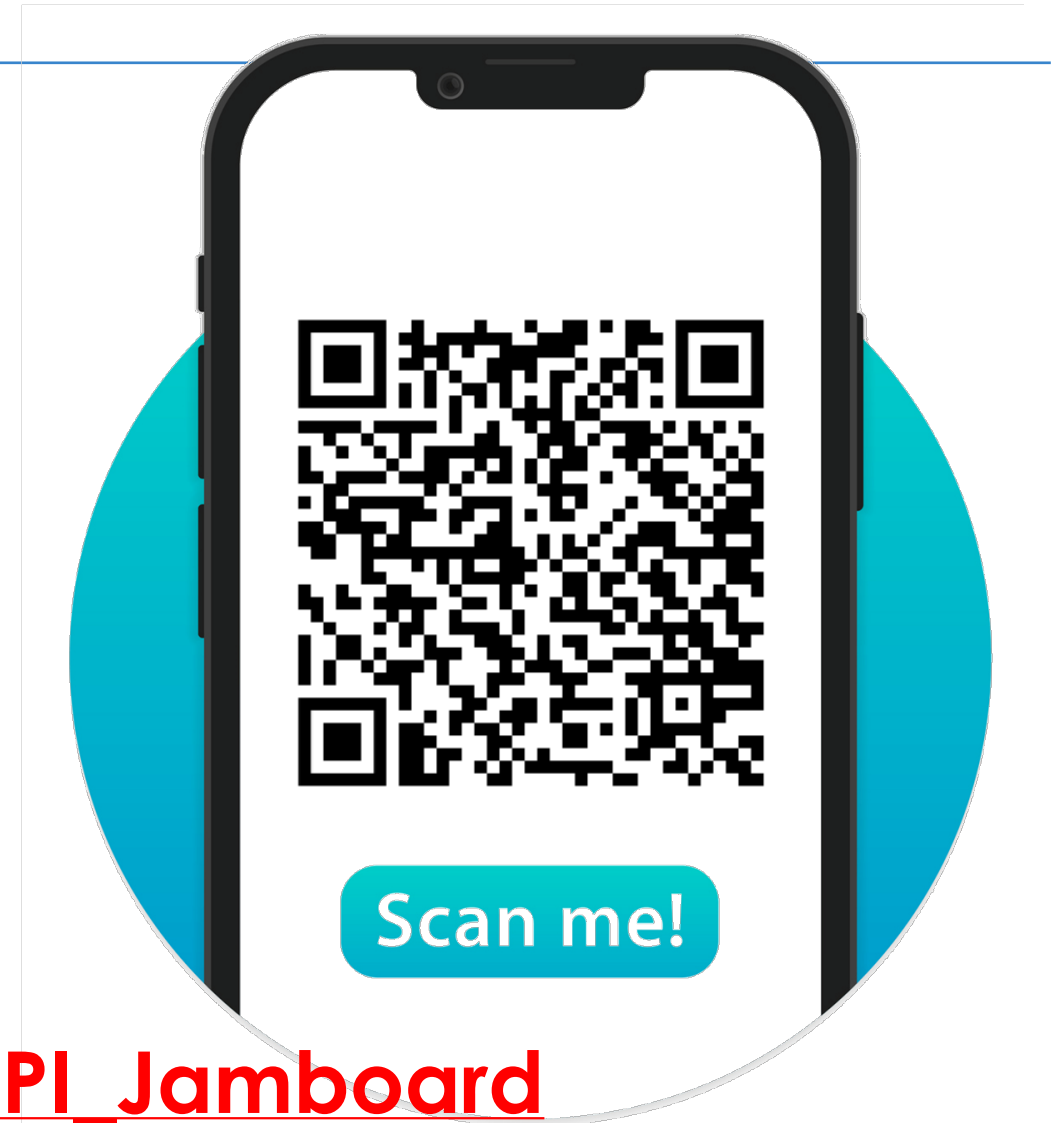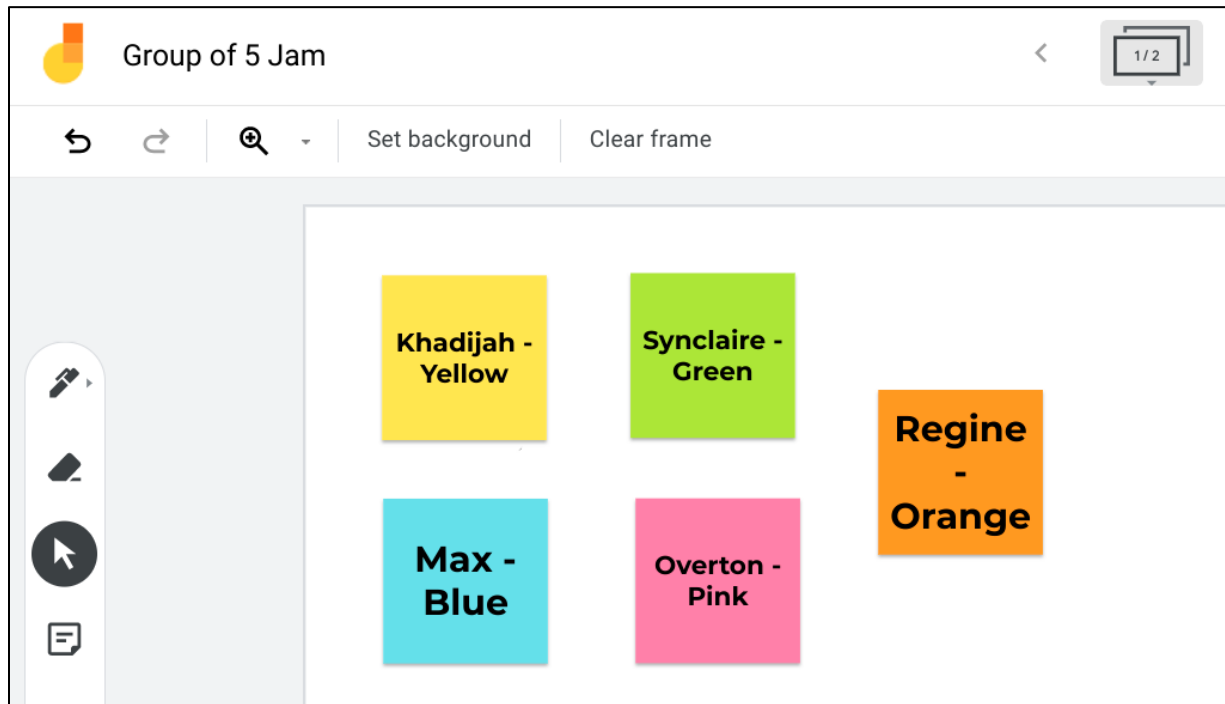
CMS Survey Resources: Critical Element Pathways

Let's Talk!

Jamboard

https://bit.ly/QAPI_Jamboard

Reframing How We Engage With individuals Living in Our Facility: It All Starts with a Name

What do we call them?

How do we talk about them?

How do these names align with your organization's mission?

What does a title do?

How do we connect?

What's our role?

Why Should Residents and Families Be Involved in Quality Activities?

• Being involved ensures that nursing home staff understand and respect resident choices, dignity, and rights to purposeful living.

• Family members are the primary advocates for loved ones in nursing homes.

• Engagement supports resident participation in decisions about the best approaches to their care.

• Engagement facilitates residents getting to know the nursing home staff and their roles, and facilitates the staff getting to know them, their needs and their preferences.
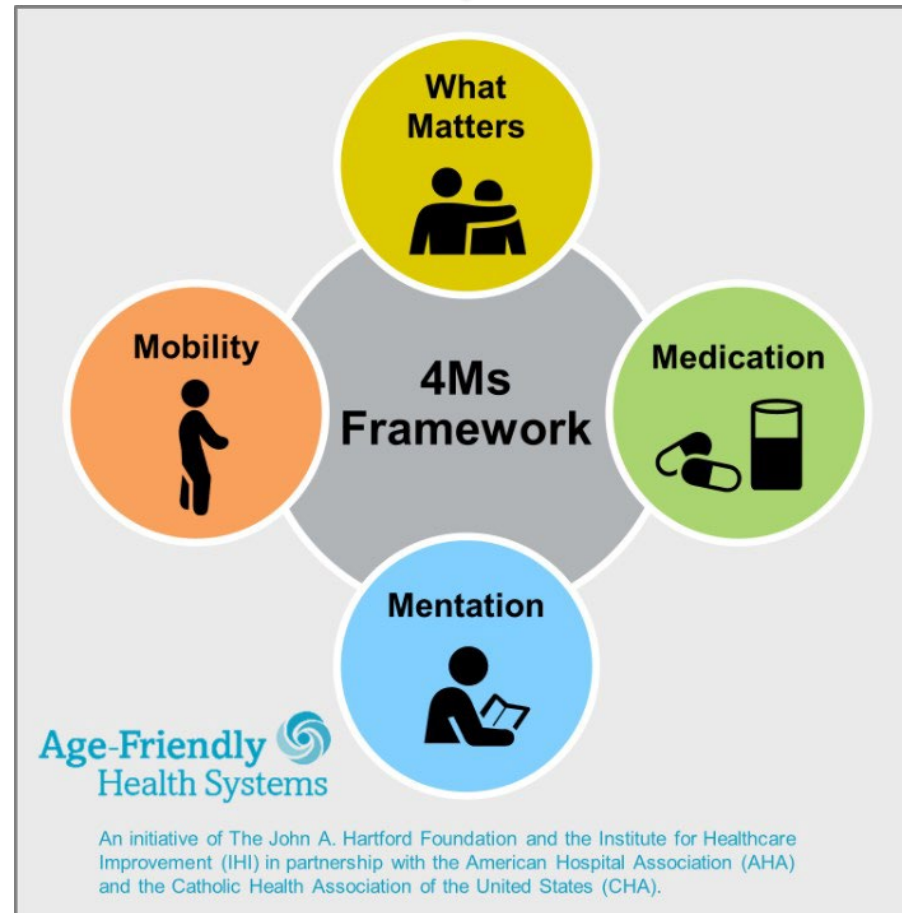
https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/QAPI-Consumer-Factsheet.pdf

Engage Patients, Families, and Care Partners in the Co-Production of Care

Institute for Healthcare Improvement (IHI)
Engaging Patients and Families in Safety

- Establish competencies for all health care professionals for the engagement of patients, families, and care partners.

- Engage patients, families, and care partners in the co-production of care.

- Include patients, families, and care partners in leadership, governance, and safety and improvement efforts.

- Ensure equitable engagement for all patients, families, and care partners.

- Promote a culture of trust and respect for patients, families, and care partners.

SOURCE: Engaging Patients and Families in Safety: Recommendations, Resources, and Case Examples | Institute for Healthcare Improvement (ihi.org)

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IHI Engaging Patients and Families in Safety: Self-Assessment

Patient and Family Engagement

	SCORE: 1	SCORE: 2	SCORE: 3	SCORE: 4	ROW SCORE
Patient and Family Advisory Council (PFAC)	The organization does not have a Patient and Family Advisory Council or the role of the PFAC is very limited.	The organization *has* a Patient and Family Advisory Council. The organization does not have a mechanism to measure the impact of this work.	The organization has an *actively engaged* Patient and Family Advisory Council. *Senior leaders ensure the PFAC informs an organization- or system-wide strategy and measurement plan for patient engagement.*	The organization has an actively engaged Patient and Family Advisory Council. Senior leaders ensure the PFAC informs an organization- or system-wide strategy and measurement plan for patient engagement *that includes patient and community representation on all boards and committees, event review processes, and improvement initiatives.*	
Co-Design Care with Patients	Some clinicians fully involve patients in their care.	Some clinicians involve patients in their care, *including use of "What matters to you?" questions, checklists, and shared decision-making tools. Some clinicians complete huddles and shift changes at the bedside.*	*All clinicians are trained* to involve patients in their care, including use of "What matters to you?" questions, checklists, and shared decision-making tools. *The organization recommends* completing all huddles and shift changes at the bedside.	*All clinicians fully involve patients* in their care, including use of "What matters to you?" questions, checklists, and shared decision-making tools. *All huddles and shift changes are completed at the bedside.*	
Training and Resources	The organization does not provide safety and patient-provider communication training and resources to patients, clinicians, and staff.	There is *limited* safety and patient-provider communication training. *Resources are available to all patients, clinicians, and staff. These educational materials are available in some of the preferred languages of patients.*	*The organization provides* safety and patient-provider communication training and resources to all patients, clinicians, and staff. These educational materials are *available in the preferred language of each patient.*	The organization provides safety and patient-provider communication training and resources to all patients, clinicians, and staff. These educational materials are available in the preferred language *and appropriate literacy level* for each patient.	
Patient Portals	Patients do not have timely and full access to medical records and visit notes.	Patients *have access* to their medical records through an online portal. There is not an organizational program to ensure that all patients know about and are able to access their records.	Patients have access to their medical records through an online portal. *There is an organization-wide program to raise awareness about patient ability to access their medical records and advisors are available to assist patients as needed.*	Patients have *timely and full* access to medical records *and visit notes* through a *user-friendly* online portal. There is an organization-wide program to raise awareness about patient ability to access their medical records and advisors are available to assist patients as needed. *The organization monitors patient activity on this platform to understand use and usability, and fosters increasing use by all patients.*	

IHI Self-Assessment (continued)

	SCORE: 1	SCORE: 2	SCORE: 3	SCORE: 4	ROW SCORE
Equity	The organization does not segment and review adverse event data and patient experience feedback by characteristics such as race, ethnicity, sexual orientation, gender, age, disability, and income.	The organization *understands the need* to segment and address adverse event data and patient experience by different patient segments and *has begun to identify the data necessary for this review.*	The organization *segments and reviews* all adverse event data and patient experience feedback by characteristics such as race, ethnicity, sexual orientation, gender, age, disability, and income. *Senior leaders regularly review identified gaps, and action plans to address health inequities are developed and executed.*	The organization segments and reviews all adverse event data and patient experience feedback by characteristics such as race, ethnicity, sexual orientation, gender, age, disability, and income. Senior leaders regularly review identified gaps, and action plans to address health inequities are developed and executed. *All leaders, clinicians, and staff receive training in health equity and unconscious bias.*	
Communication and Resolution for Adverse Events	The organization does not have a communication and resolution program (CRP) to respond to adverse events.	The organization *has made a commitment* to a communication and resolution program (CRP) to respond to adverse events, but has not made it organizational policy.	The organization *has a communication and resolution program (CRP)* to respond to adverse events. *All staff are trained in appropriate response to adverse events.*	The organization has a communication and resolution program (CRP) and a staff training plan in place to respond to adverse events. *Support programs are available for patients and families, clinicians, and staff who are impacted by these events. The program is regularly reviewed by senior leaders and the board.*	
Escalation Pathways for Safety Events	There is no mechanism for patients and families to report safety events outside of the complaint system.	*Patients have the ability to report safety events into a patient safety database*, though the system may be variable across the organization.	Patients have the ability to report safety events into a patient safety database, and there is a *structured system for patients and families to escalate concerns about their care through the use of a rapid response team or other structured response mechanism.*	Patients have the ability to report safety events into a patient safety database, and there is a structured system for patients and families to escalate concerns about their care through the use of a rapid response team or other structured response mechanism. *The organization regularly reviews and responds to safety events that have been raised by patients and families.*	
				TOTAL SCORE: **Patient and Family Engagement**	

IHI Self-Assessment (continued)

Interpreting the Total Score: Patient and Family Engagement

For more information on the recommended actions and related resources, please refer to the Implementation Resource Guide.

Total Score	Current State Description	Recommended Actions
7–11	Just Beginning	• Establish a Patient and Family Advisory Council (PFAC), learning from others how to optimize engagement with this council to understand what matters to patients. • Teach all care delivery staff and others in the organization the importance of engaging with patients in developing their treatment plans. • Investigate data available to assess equity in care delivery.
12–17	Making Progress	• Demonstrate the importance of engaging patients and families through leadership behaviors. • Include discussions between patients and leaders during walkarounds. • Develop measures that provide information on the success and impact of engaging the PFAC in improvement activities. • Provide information for patients at the appropriate literacy level. • Identify how to use existing data to explore inequities and add new segments as needed to ensure all patients are considered. • Include patients and human factors experts when designing a portal for patients to access their medical information.
18–23	Significant Impact	• Teach clinicians how to ensure transparency when offering treatment choices to patients and work to understand what matters to all patients. • Ensure digital literacy and access so that patients can access their medical information through a portal. • Take actions specifically focused toward the goal of ensuring equitable care and treatment for all patients and staff. • Segment staff data when examining equity for patients and the workforce. • Commit to and build the appropriate infrastructure to support a communication and resolution program to respond to adverse events.
24–28	Exemplary Performance	• Counsel leaders and staff to model patient-centered thinking by asking the question, "What will this mean for the patient?" prior to making any changes or decisions. • Ensure the organization's PFAC is consulted in any improvement efforts and in policy developments. • Create and implement a plan to ensure that all patients have access to their medical records and can navigate the patient portal for personal information, clinical notes, and communication with the care team. • Fully implement a communication and resolution program, offering support for patients, families, and clinicians involved in an adverse event.

Opportunities for Improvement

Moving Forward Coalition: Resident Council Action Plan

Vision

Every nursing home will be a community in which lives are nurtured, residents are empowered, and where people want to work.

Mission

We will make vital changes in policy and practice through the power of bringing diverse voices together now.

[Strengthening Resident Councils](#)

Alliant Health Solutions States' Ombudsman Programs

Alabama Long Term Care Ombudsman

Florida Long Term Care Ombudsman

Georgia Long Term Care Ombudsman

Kentucky Long Term Care Ombudsman

Louisiana Long Term Care Ombudsman

North Carolina Long Term Care Ombudsman

Tennessee Long Term Care Ombudsman

IPRO States' Ombudsman Programs

NY Long Term Care Ombudsman

Maine Long Term Care Ombudsman

Vermont Long Term Care Ombudsman

New Hampshire Long Term Care Ombudsman

Massachusetts Long Term Care Ombudsman

Connecticut Long Term Care Ombudsman

Rhode Island Long Term Care Ombudsman

New Jersey Long Term Care Ombudsman

Ohio Long Term Care Ombudsman

Delaware Long Term Care Ombudsman

Maryland Long Term Care Ombudsman

LTC Ombudsman Program
Resident Driven Advocacy

Making Health Care Better *Together*
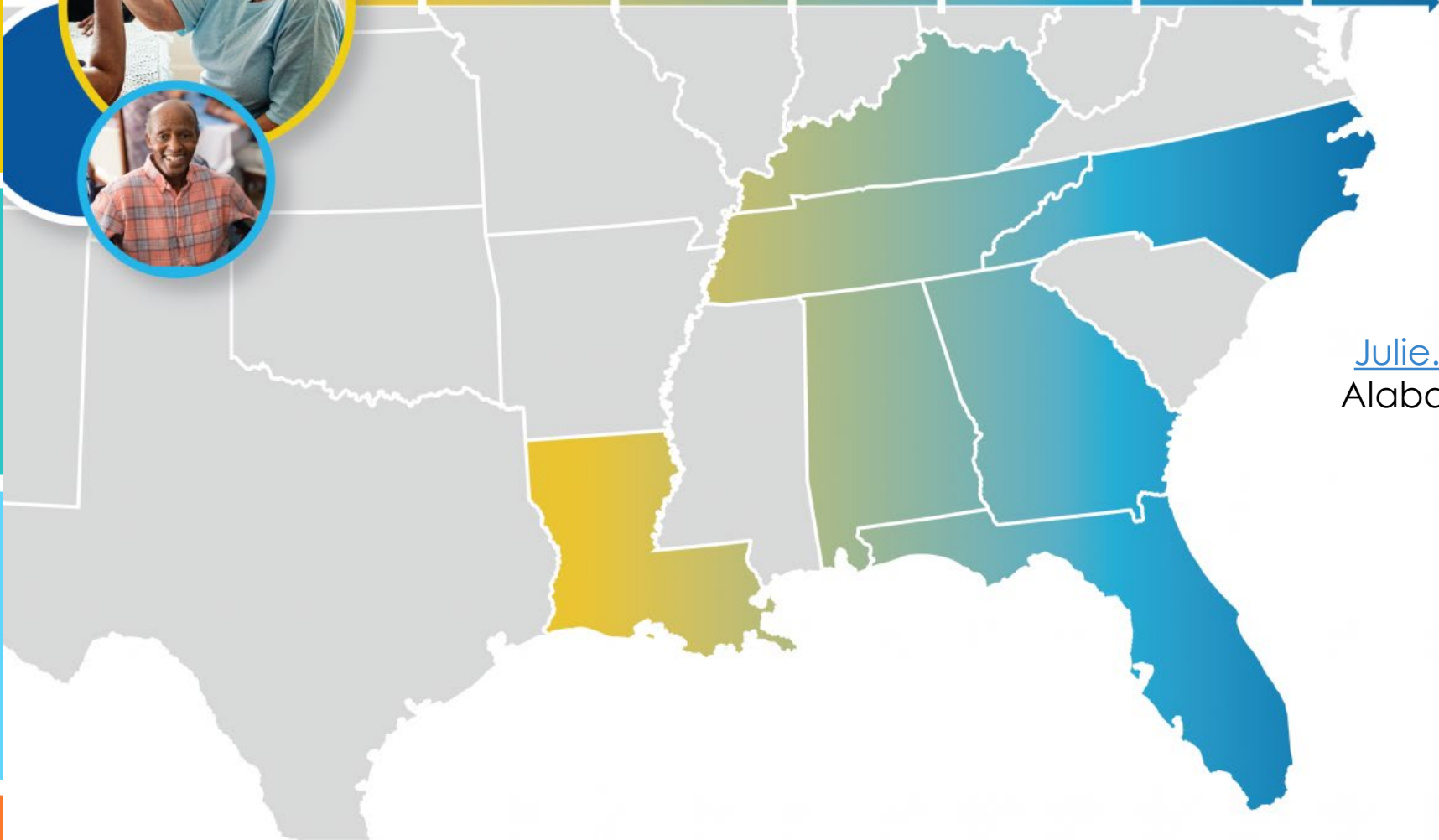
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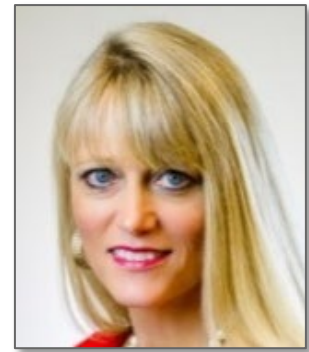
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Better Healthcare, Realized
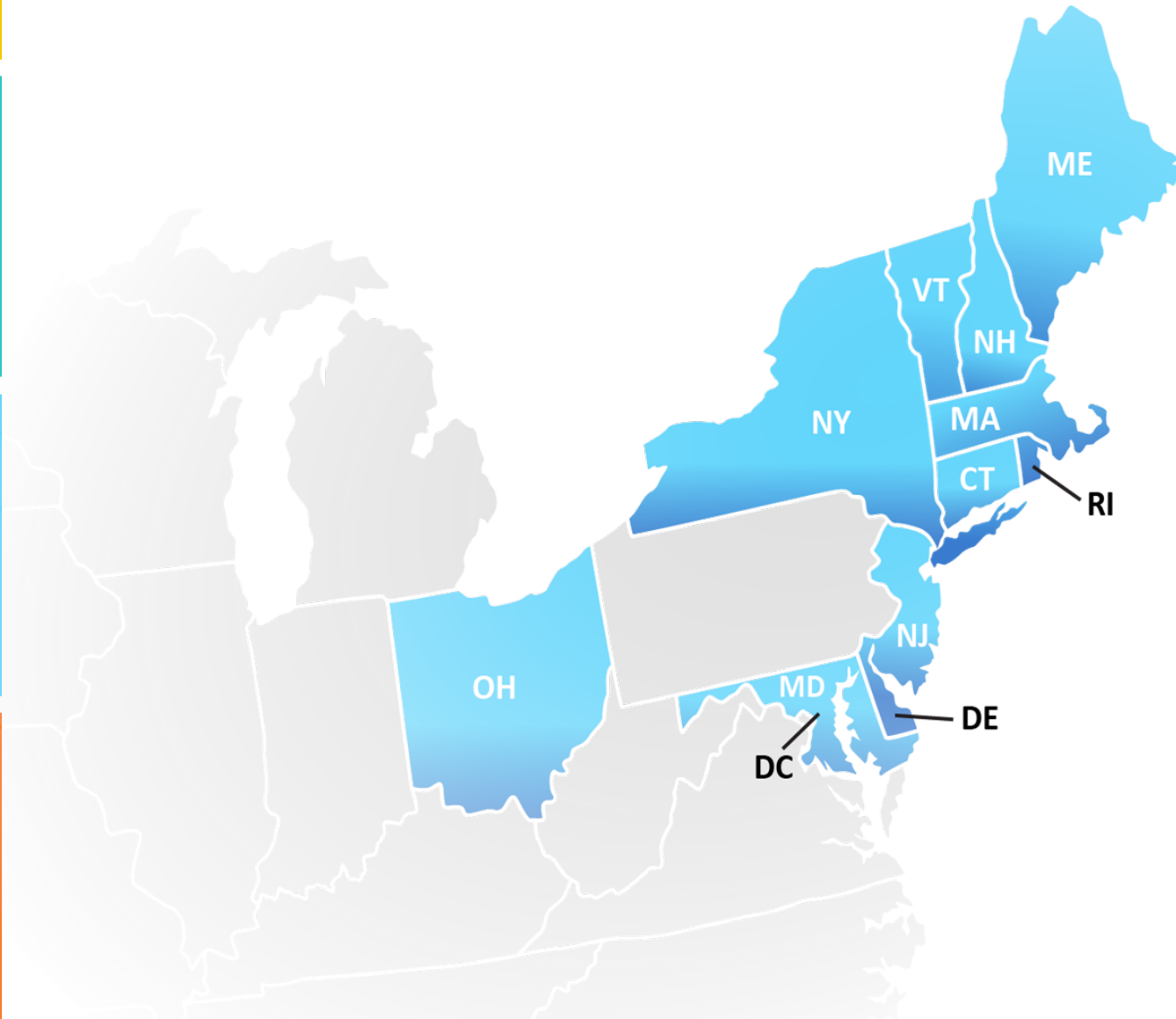
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