



 **ALLIANT**
HEALTH SOLUTIONS

QIN-QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
QUALITY IMPROVEMENT & INNOVATION GROUP

QIN-QIO IMPACT SUMMARY

Making Health Care Better *Together*

QIN-Q10





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NURSING HOME AND PARTNERSHIP FOR COMMUNITY HEALTH: 12TH SCOPE OF WORK (SOW)

Overview

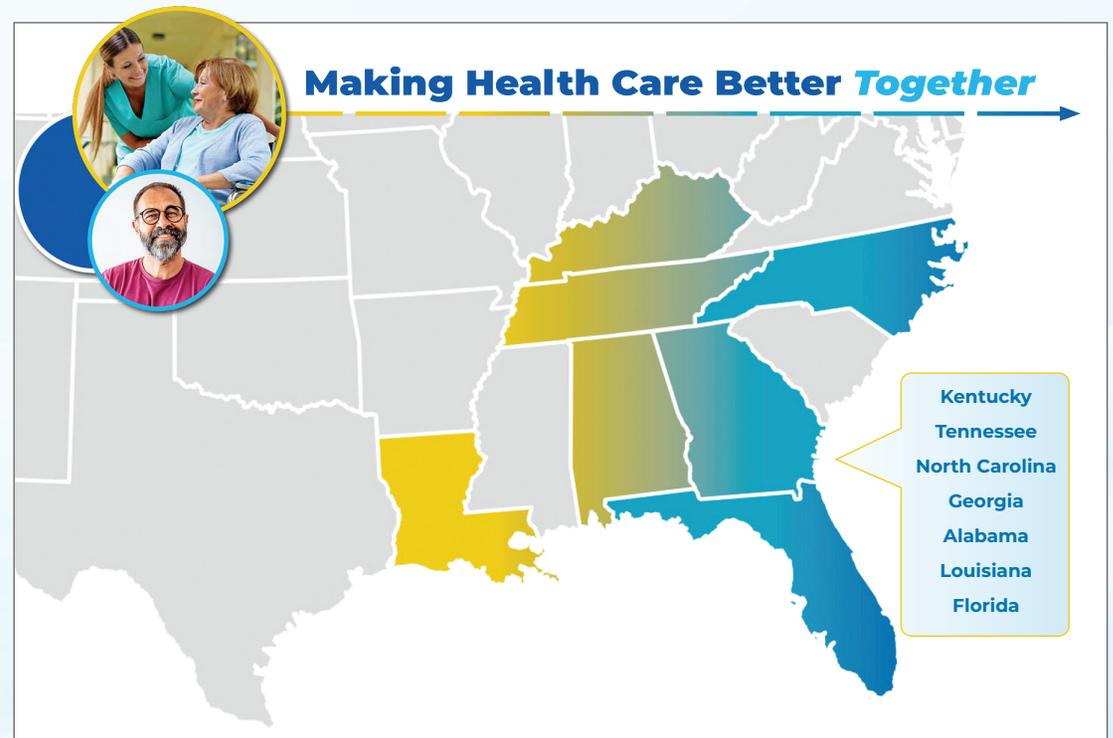
Alliant Health Solutions (AHS) is the Centers for Medicare & Medicaid Services (CMS) Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for Alabama, Florida, Georgia, Kentucky, Louisiana, North Carolina, and Tennessee. AHS provides direct technical assistance and support to over 2000 nursing homes through its long-term care nursing home work and 88 communities impacting 9,755,541 Medicare Fee-for-Service (FFS) beneficiaries through Partnerships for Community Health (PCH).

The 12th Statement of Work, which began in November 2019, has evolved over the past four years in response to the COVID-19 public health emergency and emerging priorities in the healthcare landscape. CMS has charged the QIN-QIOs across the nation to support nursing homes and PCHs in the following categories:

- Opioid Utilization and Misuse
- Patient Safety
- Chronic Disease Management
- Care Coordination
- COVID-19 and Infection Control
- Immunizations
- Training

AHS utilizes a data driven approach to identify providers and PCHs with opportunities for improvement. Quality improvement methodologies and behavioral science to encourage the implementation of evidence-based interventions and best practices to drive improvement on the local level. Virtual educational events are also developed and facilitated by AHS to bring on-demand learning that provides continuing education units directly to providers and community-based organizations who are implementing the work in the local area.

AHS provided an overall cost savings of \$11.7 million to CMS from June 2022 to August 2023 across work in opioid misuse, chronic disease management, care coordination, and immunization.



Alliant QIN-QIO Region

CATEGORY 1 OPIOID UTILIZATION AND MISUSE



Overview

In an effort to reduce opioid misuse, AHS partnered with nursing homes and PCHs to reduce opioid-related adverse drug events (ADEs) and implement opioid best practices. Early in the 12th SOW, AHS provided naloxone training educational events in each of its seven states. This included discussing the opioid overdose crisis with special considerations amid the COVID-19 pandemic, understanding opioid overdose prevention strategies, recognizing the signs and symptoms of an opioid overdose, providing instructions on administering naloxone pre-packaged nasal spray, guidance on where to obtain naloxone for community use at no cost, and understanding specific state laws regarding acquiring and administering naloxone.

AHS also created opioid specific resources for PCHs including the [Naloxone Saves Lives, Alternative Therapies and Non-Opioid Medications, Medication Storage Tip Sheet](#), and the [Medication Disposal Tip Sheet](#) which were distributed at statewide and local PCH meetings.

Regional Impact

AHS saw improvement across all Category 1 measures to decrease opioid utilization and misuse. Opioid ADEs, including deaths, for high-risk nursing home residents were decreased from 19.18 per 100,000 Medicare FFS nursing home resident days in September 2020 to 14.86 per 100,000 Medicare FFS nursing home resident days in November 2023.

What is naloxone?
Naloxone, also known as Narcan, is a life-saving medication that can reverse an overdose of opioids, including prescription opioid medications, heroin, and fentanyl. Often as a nasal spray, naloxone is safe and easy to use.

Source: <https://www.cdc.gov/stopoverdose/naloxone/index.html>

How does naloxone work?
Naloxone can reverse an overdose within three to five minutes of administering. If the first dose does not revive the person who overdosed, a second dose or more might be necessary. Once the person is revived, naloxone will stay in the body for about 30 to 90 minutes.

Are there side effects to naloxone?
Naloxone an opioid overdose. It does not affect someone who does not have opioids in their body, and any side effects would be due to a fast withdrawal from an opioid.

Source: <https://nida.nih.gov/publications/drugfacts/naloxone>

Why is my healthcare provider or pharmacist giving me a prescription for naloxone?
Prescribing naloxone with an opioid prescription is important for your safety. Using naloxone in case of overdose can save your life.

Naloxone may be offered to you if you have been prescribed opioids and you:

- Have a health condition like sleep apnea or COPD, or use supplemental oxygen that affects your lungs or breathing.
- Take higher doses of opioids daily, like 50 oral morphine milligram equivalents (MME) or more, or have a continuous opioid prescription for three months or more.
- Have a new opioid prescription that might be too strong, so a possible side effect might be slowing down or stopping your breathing, especially when sleeping.
- Take a medication that interacts with opioids, for example, benzodiazepines such as lorazepam or alprazolam, which increases the risk of an opioid overdose (lowers the ability to breathe).
- Have a history of opioid and/or substance use disorder.
- Are age 65 years or older.

Source: <https://www.cdc.gov/opioids/naloxone>

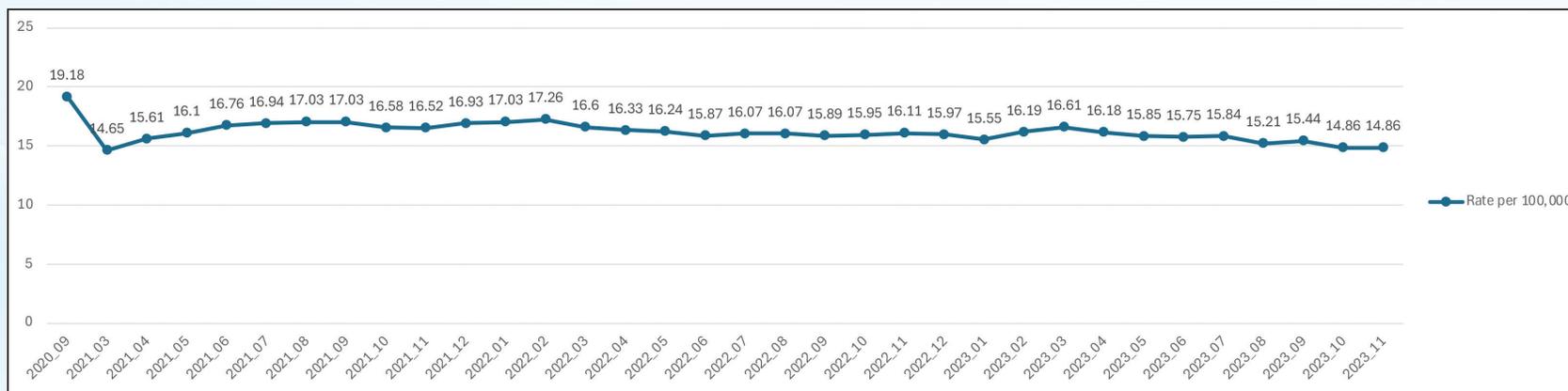
REVERSE OPIOID OVERDOSE WITH NALOXONE

80% of overdose deaths occurred inside a home.
(Based on a CDC Vital Signs report.)

In nearly 40% of overdose deaths, someone else was present. Having naloxone available allows bystanders to help prevent a fatal overdose and save a life.
DOI: <http://dx.doi.org/10.15585/mmwr.mm6935a1>

continued on next page

Improvement in Opioid Adverse Drug Events in Alliant Region



AHS provided direct technical assistance to 88 PCHs on opioid best practice implementation. As a result, 100% of the PCHs have implemented at least one best practice, and about 72% have implemented all four best practices.

Local Impact



In the Rocky Mount, NC PCH, AHS supported the Substance Use Education Series in Edgemcombe County, NC by supplying the Do's and Don'ts of Pain Medicines, Medication Storage Tip Sheets and Medication Bags. This was a three-part series that included General Prevention Theory, EMS Narcan Administration Training, and Recovery Messaging Training & Personal Narratives. Additionally, Edgemcombe County has used opioid settlement funds to support the Edgemcombe County Community Paramedicine (CP) Program. This program, which started in June 2023, provides mobile Medication Assisted Therapy (MAT) induction, naloxone distribution and training, mobile syringe exchange, referrals to treatment, and screening for Social Determinants of Health (SDOH) and connections to resources. From September 2023-February 2024, this program initiated 40 MAT inductions. From June 2023-February 2024, this program had 332 CP visits.

(Photo Credit: Edgemcombe County EMS)

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ALABAMA, FLORIDA, GEORGIA, KENTUCKY, LOUISIANA, NORTH CAROLINA, TENNESSEE

DO'S AND DON'TS OF PAIN MEDICINES

These tips can help you or anyone you know to safely use opioid pain medicines.

✓

Know your medicines: Talk to your doctor or pharmacist about HOW and WHY you take each medicine.

Know the signs of overdose: Ask others in your home to help you watch out for:
- slurred speech - confusion - difficulty staying awake - dizziness - vomiting - trouble breathing - pale or clammy skin

Talk to your doctor or pharmacist about naloxone, a medicine to treat opioid overdose.

Store your medicines safely: Keep them in the original, labeled packaging where others can't access them. Dispose of old or unused medicines.

Tell every member of your health care team: Bring all of your medicines to every doctor or hospital visit so they can be reviewed.

✗

Don't take any medicine that was not prescribed to you, and don't share your medicine with others.

Don't take any medicine left over from an earlier treatment.

Don't change the dose or how often you take your medicines without talking to your doctor.

Don't take pain medicines with alcohol or other drugs, and don't take them with other medicines without checking with your doctor.

GLOSSARY:
Opioid - A narcotic pain medicine that reduces the feeling of pain.
Overdose - Your body's response to too much medicine, can be deadly.
Medicine disposal - Throw away medicines in the trash or talk to your pharmacist about other disposal options.

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Medicine Storage & Why It Matters

TIP SHEET

WHY PROPER STORAGE MATTERS

- Keep medications safe and working properly
- Prevent taking the medication incorrectly
- Stop medications from getting into the wrong hands

HOW TO STORE YOUR MEDICATIONS

- Follow all specific instructions for each medication
- Keep in a cool, dry place (Do NOT store in the bathroom)
- Place away from light, heat, humidity, and air
- Store your medication in its original container
- Use childproof caps (unless non-safety caps are needed)
- Keep out of reach of children
- Do not allow others access to your medication
- Check expiration dates and dispose of expired medications properly

RECOMMENDATIONS FOR STORAGE OF CONTROLLED SUBSTANCES*

- The same as listed above AND
- Store in a locked cabinet, lockbox, or location with restricted access (out of sight)
- Keep track of how much medication you take and how much is left
- Do not share your medication

* A controlled substance is a medication regulated by law because of its medical use, potential for abuse and/or dependence, and safety issues.

RESOURCES:
<https://www.fda.gov/oc/ohrt/ohrt-requirements>
<https://www.cdc.gov/medicationmanagement/>
<https://www.fda.gov/oc/ohrt/ohrt-requirements>

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In Louisiana, PCHs collaborated across the state to make an impact on opioid ADEs. In December 2021, the relative improvement rate from baseline of opioid ADEs was 4.3%. One of the human services authorities partnered with AHS to provide statewide naloxone administration training. After the training, resources were disseminated to all PCH members across the state, and the topic of opioids continued to be discussed during the PCH meetings. As a result of community partnership efforts, the relative improvement increased to 14.79% in November 2023 which translates to a reduction in opioid ADEs.



CATEGORY 2 PATIENT SAFETY

Overview

Patient safety in long term care has come to the forefront after the start of the COVID-19 public health emergency. Emphasis on infection control, prevention and mandatory reporting has allowed AHS to do what it does best - meet providers where they are and support them in their quality improvement journey. AHS worked directly with nursing homes to decrease hospitalizations due to *Clostridioides Difficile* (CDI) and facility acquired infections and decrease ADEs.

How to Protect Yourself and Loved Ones from C. DIFFICILE INFECTIONS

What is C. difficile?
C. difficile, also known as C. diff, results from a type of bacteria (or germ) called Clostridium difficile, infecting the large intestine. C. diff germs are carried from person to person in poop.

How can you protect yourself and loved ones from C. diff infections?

1. Wash your hands with soap and water for at least 20 seconds every time you use the bathroom and always before eating. Ensure that relatives and friends taking care of you do the same.
2. Try to use a separate bathroom if you have diarrhea. If you can't, be sure the bathroom is well-cleaned before others use it. Also, take showers and wash with soap to remove any C. diff germs on your body.
3. Regularly clean items frequently touched with hands, including light switches, doorknobs, remotes, refrigerator handles, toilet flushers and toilet seats.
4. If someone in your house has C. diff, wash the items they touch before others use them, including bed linens, towels, household linens and clothing, especially underwear. If these items have visible poop, rinse them well before washing. Then, launder them in a washer and dryer using the hottest water that is safe for those items. Use chlorine bleach if the items can be safely washed with it.
5. You can safely kill C. diff spores at home by mixing one part bleach with nine parts water. This should be done daily or once every 24 hours since bleach is not as effective after being mixed with water for over 24 hours. A 10-minute contact (wet) time is recommended.

Resource: <https://www.cdc.gov/diff/brevent.html>

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Regional Impact

After providing CDI direct technical assistance and resources, AHS has seen improvements in hospitalizations. Resources were not only targeted to front line staff, but also residents and families to raise awareness of the importance of hand hygiene to prevent CDI. Across the QIN-QIO region, the rate of hospitalizations due to CDI in long and short-stay residents decreased from 105.69 per 10,000,000 Medicare FFS residents in September 2020 to 71.52 per 10,000,000 Medicare FFS residents in October 2023.

AHS provided 406 instances of direct technical assistance for improvements in ADEs to 231 nursing homes identified through a data review from November 2022 through March 2024. AHS created tools to support direct technical assistance including ADE Nursing Home Checklists for Anticoagulants, Diabetes, and Opioids. The checklists provided nursing home guidance on risk factors, signs and symptoms, clinical interventions, and probing questions when navigating ADEs. Technical assistance included meeting with the ADE subject matter expert, performing root cause analysis and utilizing the PDSA method. AHS also shared resources to educate nursing home staff on high-risk medications and ADE resources for patient and family education. In addition to technical assistance, AHS provided 35 ADE and medication safety live educational events from June 2020 through November 2023. Topics included opioid, anticoagulant and diabetes ADEs, as well as general medication reconciliation and safety. A total of 1,335 nursing homes attended these events in addition to numerous community partners.

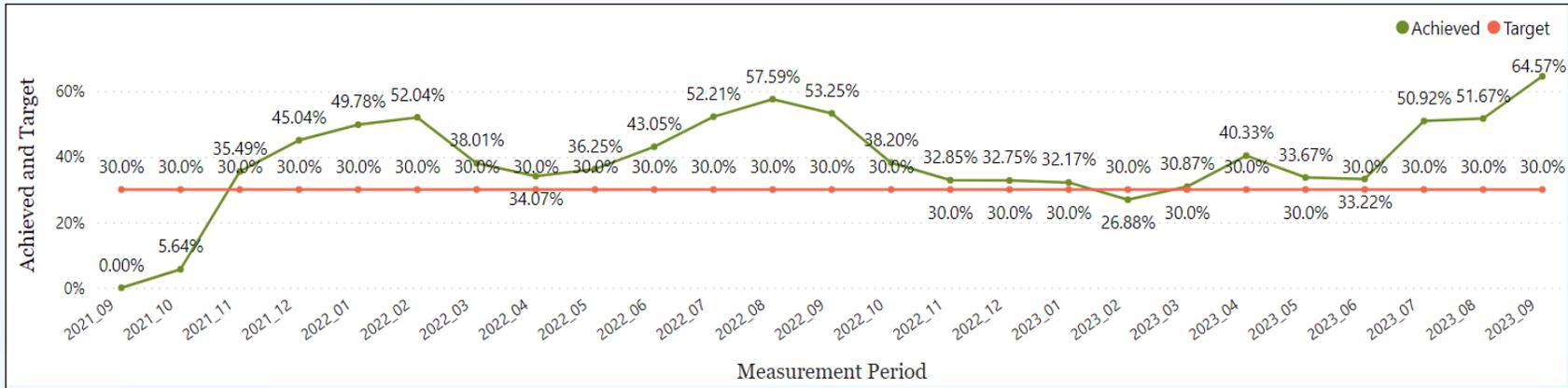
Local Impact

In September 2023, the patient safety team was contacted by an Infection Preventionist (IP) at a nursing home facility in Georgia. The IP had previously worked with AHS to control a COVID-19 facility outbreak a few months earlier in which she “found [Alliant Health Solutions] to be an excellent resource of useful information.” Based on this experience, the IP reached out to AHS again to inquire about reference tools to educate staff on the appropriate steps for routine environmental cleaning and disinfection. The patient safety team promptly responded with the necessary information to provide timely education and hard copies of resources

to support her facility IPC program. Following her receipt of the information and resources, the IP responded, “Thank you for your fast and resourceful assistance. I must say every interaction with Alliant has been top notch. Five stars in my book.”

AHC Mt. Juliet in Tennessee received direct technical assistance from AHS related to opportunities for improvement in infection prevention and control. A root cause analysis was conducted which identified a gap in knowledge in infection prevention practices among staff members, including the use and application of standard and transmission-based precautions and personal protective equipment (PPE) use. The facility received coaching from AHS over the course of several meetings, showing steady and sustained improvements in infection-related hospitalizations among residents, with a relative improvement rate of 64.57%.

Improvement in Infection-related Hospitalizations in AHC Mt. Juliet, Tennessee



Thank you for your fast and resourceful assistance. I must say every interaction with Alliant has been top notch. Five stars in my book.

- Nursing home Infection Preventionist (IP) - Georgia



CATEGORY 3 CHRONIC DISEASE SELF-MANAGEMENT



Overview

According to the Centers for Disease Control and Prevention, 6 in 10 Americans live with at least one chronic disease.¹ In order to support clinicians and other providers, AHS utilized federal programs such as the Million Hearts® Initiative and the Diabetes Prevention Program to augment its local strategy to make improvements in adequately controlled blood pressure, participation in cardiac rehabilitation, diabetes incidence, and chronic kidney disease (CKD) screening, diagnosis, and management among Medicare beneficiaries. AHS has partnered with local initiatives, such as the Atlanta Hypertension Initiative, to support local clinicians to support implementation of evidence-based guidelines and community-based organizations increase awareness of chronic disease self-management.

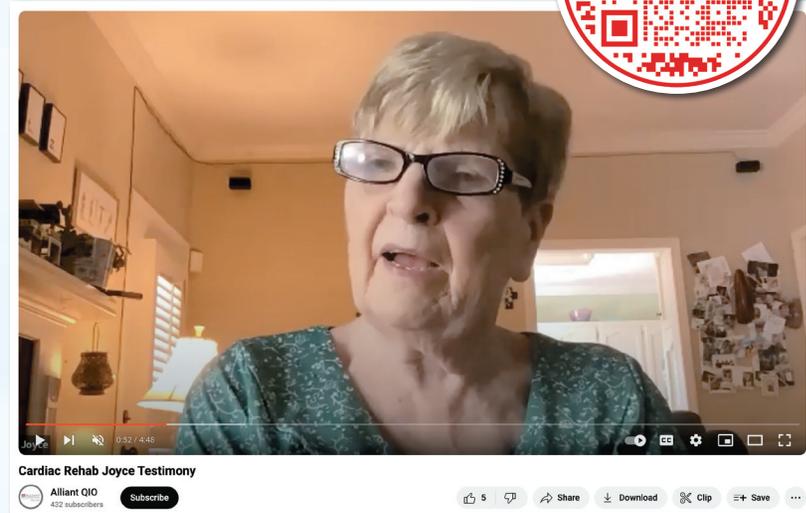
Regional Impact

*Improvement of **adequately controlled blood pressure** increased from **69.10%** in September 2020 to **74.97%** in December 2023 among Medicare beneficiaries in the 88 PCHs in the QIN-QIO region.*

Increasing participation in cardiac rehabilitation was a focus of AHS during the 12th Statement of Work. The strategy included the following:

- Direct technical assistance to clinicians who refer to cardiac rehabilitation programs
- Direct technical assistance to cardiac rehabilitation programs
- Beneficiary awareness campaign on the benefits of cardiac rehabilitation participation
- Active participation in the Million Hearts initiative and a member of the Workplace collaborative in improving cardiac rehab participation.

AHS used the Million Hearts® Cardiac Rehabilitation Change Package to support clinicians implement systems and strategies to improve the care of patients eligible for cardiac rehabilitation. Patient awareness of benefits of cardiac rehabilitation was identified as a barrier to improving rates of participation in cardiac rehabilitation, so AHS developed many patient educational tools including [“Joyce’s Testimony”](#), a testimonial from one of Alliant’s Beneficiary and Family Advisory Council members. It has more than 1,000 views on YouTube.





Cardiac rehab has changed my life.
– Statement from “Joyce’s Testimony”



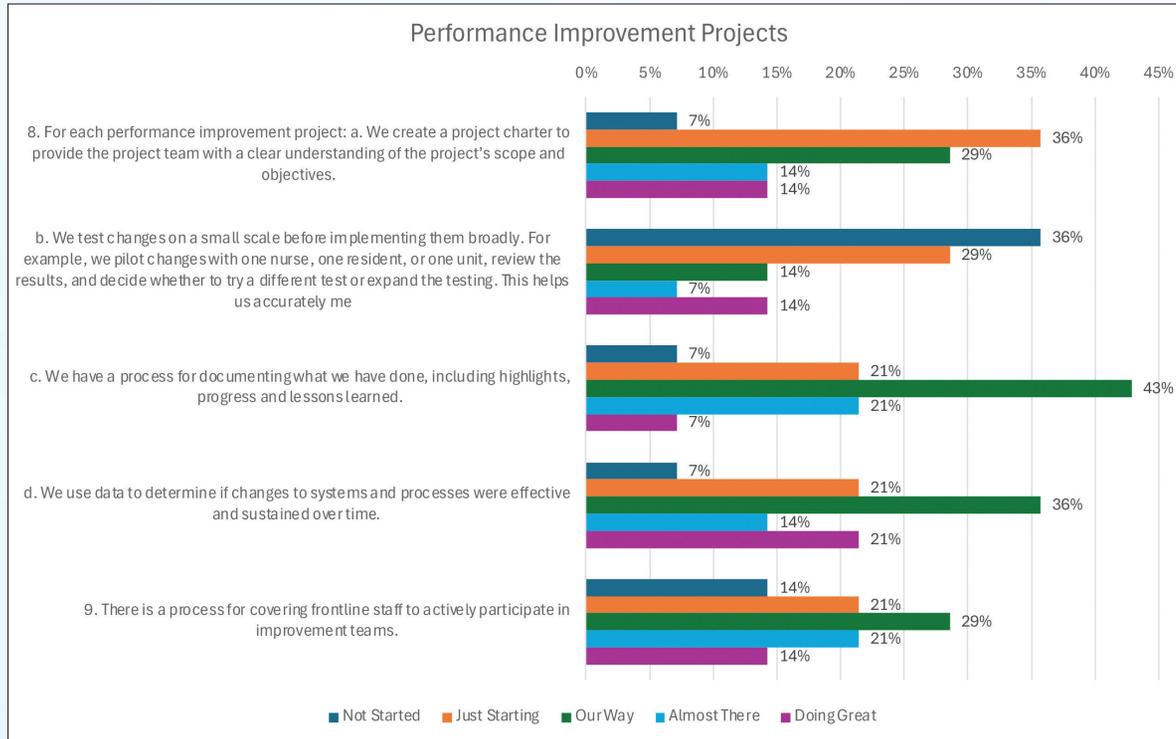
Local Impact

A community hospital in east central Florida identified issues within their cardiac rehabilitation referral process. Based on a root cause analysis, it was determined that the referrals were not being printed. After correcting these formatting issues, referrals were received almost daily. They also used the AHS-developed Quick Guide to Standards of Care for Chronic Disease Screening to identify referrals received with incorrect codes. The cardiac rehab team used this to start reviewing appropriate diagnostic codes and required documentation during their hospital's quarterly cardiology board meetings. They also used the Million Hearts® Cardiac Rehabilitation Change Package to improve socialization of their patients. They hosted a Christmas party and Spring Fling, using both to encourage patients to discuss cardiac rehabilitation and participate in physical activity.

The subcommittee of the Lumberton, NC PCH supported their community's residents by hosting health fairs and other events throughout their county which included screening for hypertension, Hemoglobin A1C, and cholesterol. AHS support their efforts by providing “My Meds” medication bags and patient-focused zone tools. During 2023, seven events occurred with 50% of the attendees receiving health screenings. Eighty percent (80%) of their diabetes program participants maintained or improved their Hemoglobin A1C level. Over 1,700 residents participated in nine physical movement activities. This PCH's saw adequate control of hypertension increase among their Medicare beneficiaries from 71.7% in September 2020 to 82.05% in December 2023.

buy-in and selecting projects for QAPI. After meetings with the administrator, the interdisciplinary team was brought together for a QAPI training where the process, available data sources, QAPI mini-self assessment, and the Institute for Healthcare Improvement Diagnostic Tool for Safe Reliable Effective Care were reviewed. Following the meeting, each member of the interdisciplinary team completed the self-assessment and the Five Component of the IHI tool to better understand where each team member identified gaps. Following the training, buy-in and engagement among staff increased. With assistance from AHS, the interdisciplinary team requested to work on one root cause analysis and Plan Do Study Act (PDSA) that was identified during the first training. AHS continues to support this nursing home with direct technical assistance.

Results of QAPI Mini Self-assessment



As an administrator during this climate of change, through the pandemic and changes with the MDS and regulatory expectations, it is of great value to have a QIO such as Alliant to provide support with processes and systems review to assist with overall compliance. Our corporate office has great processes and provides great training, but sometimes hearing things from an outside independent perspective, is value added to what we already have.

– Keisha Ryals, Administrator



QIN-Q



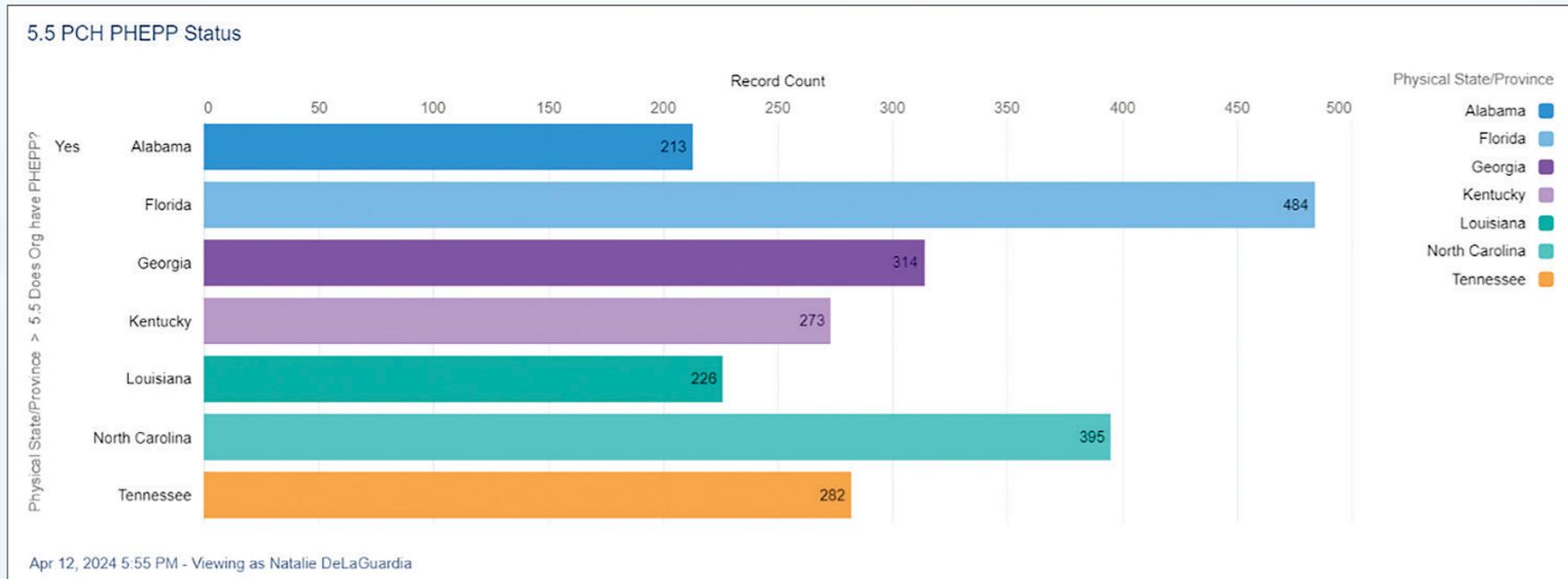
CATEGORY 5 COVID-19 AND INFECTION CONTROL



Overview

The COVID-19 public health emergency surfaced the need to be prepared for viral outbreaks and emergencies. These needs, among others, became priorities for CMS and QIN-QIOs across the nation assisted with this effort. AHS utilized national resources from CMS, CDC and local resources from state government to ensure nursing homes and PCHs had the current guidance to protect the over 9 million Medicare beneficiaries in its region. Collaboration was also important to ensure messaging was consistent and spread rapidly, so AHS worked with each of its seven state departments of health or public health and other state teams to disseminate information.

Emergency Preparedness Plan Status for PCHs



Regional Impact

AHS worked with over 2,000 nursing homes to ensure 100% had a safe visitor and cohorting policy to protect nursing home residents, staff, and families during the public health emergency. If a policy was not in place, AHS provided technical assistance in the creation of one. AHS also reviewed the elements of 100% of its enrolled nursing homes' emergency preparedness plans (EPP) to ensure they sufficiently covered needed elements such as training, national public health emergencies and weather-related disasters. PCHs received technical assistance to ensure their EPPs were also sufficient. AHS received 901 individual requests for

additional resources and coaching support. Information was further classified into 3 subcategories – weather-related, emergency preparedness plan and additional plan resources. Trauma-informed care requests were highest at 525 and additional training was developed.

Local Impact

In July 2022, Eastern Kentucky residents experienced torrential rain which caused massive flooding and the loss of 45 lives. At the center of this tragedy was Appalachian Regional Healthcare (ARH), who participated in an emergency preparedness Learning and Action Network event hosted by AHS and the IPRO HQIC in September 2023. They shared experiences and highlighted lessons learned from this weather event. ARH shared their stories of courage, compassion and resilience as they continued to support patients, employees and the community to recover and rebuild. Seventy-nine (79) nursing homes and over 100 individuals participated in the hour-long event. Feedback from facility personnel included them gaining a better understanding of planning and managing a large-scale event, leveraging relationships during such an event, and collaborating with community partners through an extended recovery period.

In April 2020, a local physician with the county health department in Tennessee recognized that nursing homes were struggling to obtain PPE to help protect staff from COVID-19. He contacted AHS to facilitate conversations between the long-term care community and the health department, and a task force was created. Weekly meetings were held for the 31 nursing homes in the area and included COVID-19 data review, cohorting and visitation policy planning, and PPE and testing supply availability. There was also time for meeting attendees to discuss barriers and mitigation strategies they were facing.

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JOIN OUR UPCOMING LIVE EDUCATIONAL EVENT!

Speaker:
ARH
Appalachian Regional Healthcare

**THIS IS NOT A DRILL:
Responding to the July 2022 Eastern Kentucky Flooding**
Wednesday, September 20, 2023
11 a.m. - 12 p.m. EST

***This event awards credits!**

REGISTER HERE:
<https://bit.ly/3Ktr6WU>

SUMMARY:
Last summer, residents of Eastern Kentucky experienced the unimaginable as torrential rains caused massive flooding, swept away cars and homes and claimed 45 lives. At the center of the tragedy was Appalachian Regional Healthcare (ARH).
Join Alliant Health Solutions and IPRO for this webinar. ARH representatives will share their experiences and lessons learned. You will also hear their stories of courage, compassion and resilience as they continue to support patients, employees, and the community at large in recovery and rebuilding.

IN THIS SESSION ATTENDEES WILL:

1. Understand the impact of geography, culture, and socio-economic status on planning and managing event response and community resiliency.
2. Recognize the value of leveraging relationships and innovative approaches to event management.
3. Identify strategies for collaborating with community partners through an extended recovery period.

*** This event awards AMA PRA Category 1 Credit™ for physicians, Nurses, Nurse Practitioners, Physician Assistants, and others may apply these credits towards CE requirements. Please check your state licensure and certification boards for specifics. Alliant Health Solutions is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. Alliant Health Solutions designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.**

PARTNERSHIP FOR COMMUNITY HEALTH

NURSING HOMES

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Emergency Preparedness Plans (EPP)

A GUIDE TO RESOURCES AND TEMPLATES FOR NURSING HOMES

The Department of Homeland Security (DHS) defines preparedness as a "continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective action in an effort to ensure effective coordination during incident response."

The Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers stresses the importance of all organizations having a plan that addresses the four core elements of preparedness:

1. Risk Assessment and Emergency Planning
2. Communications
3. Policies and Procedures
4. Training and Testing

This guide includes links to key guidance, training and sample templates to help build or refine a comprehensive emergency preparedness plan (EPP). Remember to check links when reviewing facility plans as guidance may change frequently.

Tips for EPP plans:

1. Engage the community and/or county emergency preparedness personnel in developing your plans.
2. Ensure your plan is accessible in offsite locations, such as the administrator's or director of nursing's vehicle, in the event your facility has to be evacuated with extreme haste.
3. Crosswalk plans to identify areas where programs intersect. For example, the evacuation plan should include an assessment of each potential evacuation site for egress risks as well as plans to ensure the safety of wandering residents in that environment. This may be an area where volunteers could potentially provide support (see toolkit for working with volunteers below).
4. Include the signs and symptoms of trauma or post-traumatic stress disorder (PTSD) in clinical alert programs, such as Stop and Watch.
5. If utilizing contract labor, ensure the onboarding process includes plan locations and key elements.
6. Utilize your resident and family councils to obtain input into various components of your disaster plan. An ad hoc group of families and care partners can be convened when a formal family council is not in place. Patients, residents and families can provide invaluable input into many aspects of EPP plans and can:
 - Identify trusted messengers in the community.
 - Review prepared messaging in languages spoken in your community.
 - Provide insights into preferred communication channels.
 - Serve as links to key community disaster services or disaster recovery personnel.
7. Use the link below to proactively register your facility for the Government Emergency Telecommunications Service (GETS) program.

Revised 6/2024



CATEGORY 6 CATEGORY 6 IMMUNIZATION

Overview

Immunization rates for adults remain low although they are shown to prevent illness, hospitalization, and even death. AHS focused on improving the assessment and uptake of seasonal influenza and pneumococcal vaccines in long-stay nursing home residents, as well as increasing up-to-date COVID-19 vaccination rates among nursing home residents and staff. Also, there was a community focus of improving seasonal influenza, pneumococcal and up-to-date COVID-19 vaccination through PCH work in AHS' seven state region.

Regional Impact

AHS implemented the Ready, Set, Go Immunization Campaign in May 2023 to promote Influenza and Pneumococcal vaccines in nursing homes and PCHs. This campaign included a vaccination calendar that was distributed to all enrolled participants and was supported by monthly milestone emails demonstrating how to start a vaccination campaign. They also received individual coaching support with follow-up. AHS also developed a toolkit for Increasing Vaccination Rates for Respiratory Diseases in Nursing Homes.

To assist resident and family councils and other groups of older adults understand immunizations, AHS created beneficiary-facing materials. These materials were developed to be engaging and used in a group setting while encouraging conversation about the benefits of immunization.



Use this tool as a planning guide to increase both influenza and pneumococcal vaccination rates during your 2024-2025 seasonal immunization campaign.

While influenza is often the primary focus of seasonal campaigns, this campaign is also a great opportunity to focus on the pneumococcal vaccine as part of your overarching wellness strategy. As you work through the calendar touchpoints, consider opportunities to impact the rates of all seasonal and non-seasonal vaccinations.

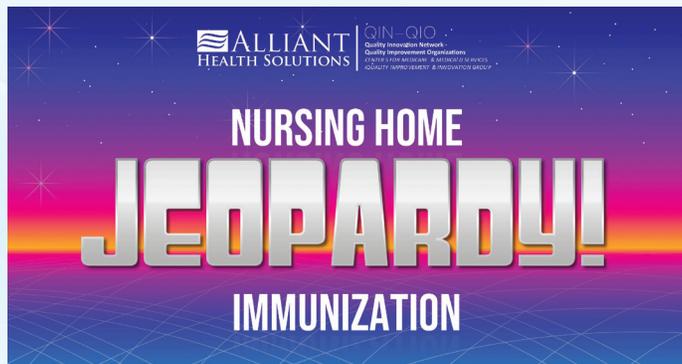
This calendar contains targeted activities with a timeline to assist your teams with planning, implementing, and evaluating your facility's seasonal campaign. Utilize the Alliant Health Solutions Toolkit for Increasing Vaccination Rates in Nursing Homes resource to assess current processes related to your campaign.

JUNE

INITIATE THE PLANNING PROCESS AND PLAN THE CAMPAIGN

- Review and evaluate prior year campaign results:
 - Consider if adjustments are needed to the facility methodology for establishing vaccine quantities and supply par levels to meet this year's anticipated demand.
 - Identify and list missed opportunities and trends related to vaccination declinations and develop strategies, considering health literacy and health disparities to encourage immunization.
 - Identify strategies and opportunities for innovation to increase immunization rates for your patients/residents, employed and contracted staff and volunteers in all departments.
- Identify key team members, including vaccine coordinators and operational and clinician physician champions. Define roles and responsibilities.
- Assemble a seasonal vaccination campaign team. Include representatives from all shifts, all departments and all categories (full-time, part-time, per diem). Consider:

Pharmacy	Medical Records
Infection Preventionist	Ancillary Departments
Physician	Human Resource
RN/PA/N/CNA	Business Office
MDS	Information Technology
Admissions	Facility Management/Maintenance
- Schedule and host a campaign team kick-off meeting. Define your bold purpose for the meeting. Drill down beyond the surface reason for your meeting. "Every time you get to another, deeper reason, ask why again. Keep asking why until you hit a belief or value" (Parker, 2020).



The graphics are very helpful! I'll share the immunization one on our social media channels to encourage our health focus.

- Kentucky PCH Member



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CATEGORY 7 TRAINING

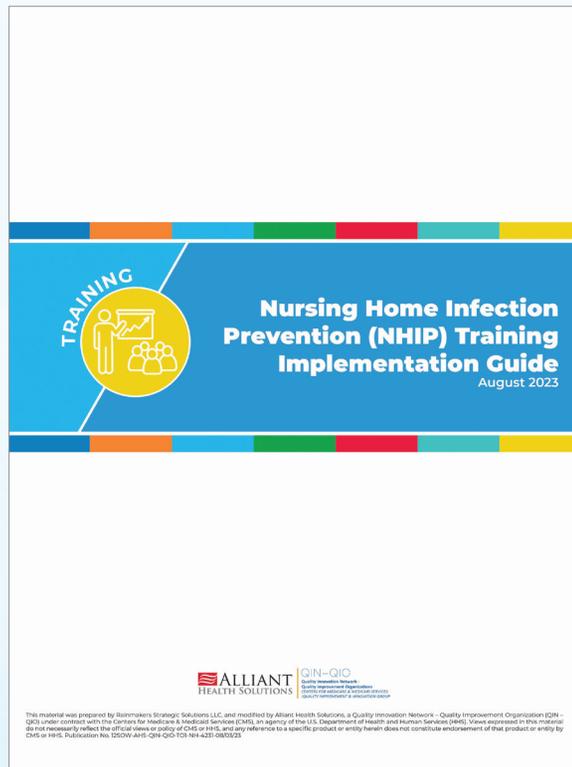


Overview

AHS supported nursing homes in establishing and sustaining infection prevention and control training programs for management and front line staff.

Regional Impact

An assessment was created to review the current state of training in each nursing home and direct technical assistance was provided based on assessment results. Success stories were obtained from those nursing homes with higher rates of training completions. As of April 16, 2024, 1,796 have had at least 75% of their management and front-line staff complete infection prevention and control training.



NURSING HOME INFECTION PREVENTION (NHIP) TRAINING IMPLEMENTATION GUIDE

SECTION 1: BUILDING YOUR NHIP TRAINING TEAM

A NHIP Training Team is comprised of key team members that play a role in reducing infections in the nursing home. The purpose of a NHIP Training Team is to provide skill development for front-line direct care staff and ensure the health and safety of all employees and residents. Below are three actions to take when building a NHIP Training Team.

1. Identify Key Staff

The first step in implementing an IP training program is to build a NHIP Training Team. The team is ideally comprised of:

1. A Nursing Home Administrator
2. An Infection Preventionist
3. A Staff Development Coordinator
4. An Assistant / Director of Nursing
5. Front-Line Direct Care Staff

Training Tip: Consider adding an additional training-related staff member who has completed nursing home training on time, consistently. Having their input in the implementation plan may be beneficial in launching the training program.

2. Determine Team Roles

The second step is to determine the roles and responsibilities for each team member. An example of a training team roster is below:

Team Member	Team Role(s)
Nursing Home Administrator	Oversight of IP Training Program Set and Monitor Training Budget
Infection Preventionist	Conducts IP Training Evaluates Staff Competency in IP Training
Staff Development Coordinator	Coordinate Staff Training Schedule for IP Training
Director of Nursing/ Assistant	Ensure Staff Training Attendance Maintain Training Records Validate Training Reports
Front-Line Direct Care Staff	Share Training Feedback Provide Barriers and Lessons Learned to Training Team

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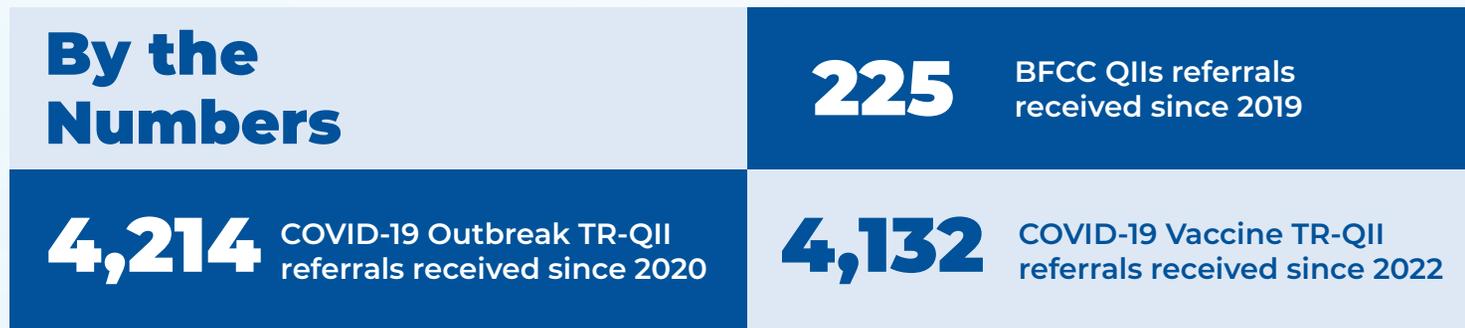


QUALITY IMPROVEMENT INITIATIVES

Overview

Quality Improvement Initiatives (QIIs) are formal activities designed to support quality improvement using proven methodologies to achieve improvement. Beneficiary and Family-Centered Care QIIs continue to address improvement in processes focused on an identified quality of care concern. The 12th Statement of Work established a new type of QII, the targeted response QII, designed to be in rapid response to a CMS-identified priority. In 2020, targeted response (TR) QIIs began to improve infection prevention and control practices to prevent COVID-19 outbreaks and COVID-19 vaccination uptake among nursing home residents. The process underwent a process improvement, incorporating behavioral science to decrease the number of refusals received from nursing homes.

Regional Impact



As the TR-QII process evolved due to the number of referrals received, a need to track and monitor data regarding technical assistance and tasks that staff perform, tools being shared and adopted, and link to activities and outcomes was essential. The AHS operations and analytic team was engaged to identify key activities. The RE-AIM framework to organize key performance indicators (KPI) was used and data sources, frequency, and reporting methods were established. As a result, an increase in the average up-to-date COVID-19 vaccination rate was greater among QII “COVID-19 Vaccine TR-QII-referred nursing homes that tools compared to nursing homes that did not received any tool.

RE-AIM Domain	KPI – DCO Examples
Reach	Percentage of COVID-19 Vaccine TR-QII referred facilities engaged with AHS
Effectiveness	Average up-to-date COVID-19 vaccination rate percentage increase
Adoption	Adoption percentage by COVID-19 vaccination tool
Implementation	Percentage of COVID-19 vaccination tools shared by tool type
Implementation	Percentage of standardized tasks conducted during encounters with referred facilities

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BENEFICIARY & FAMILY ADVISORY COUNCIL

Overview

Vision: Beneficiary and family advisors represent the collective voice of all Medicare beneficiaries and their families and provide their perspective and experience to improve health and healthcare for Medicare beneficiaries through quality improvement efforts in Alabama, Florida, Georgia, Louisiana, Kentucky, North Carolina, and Tennessee.

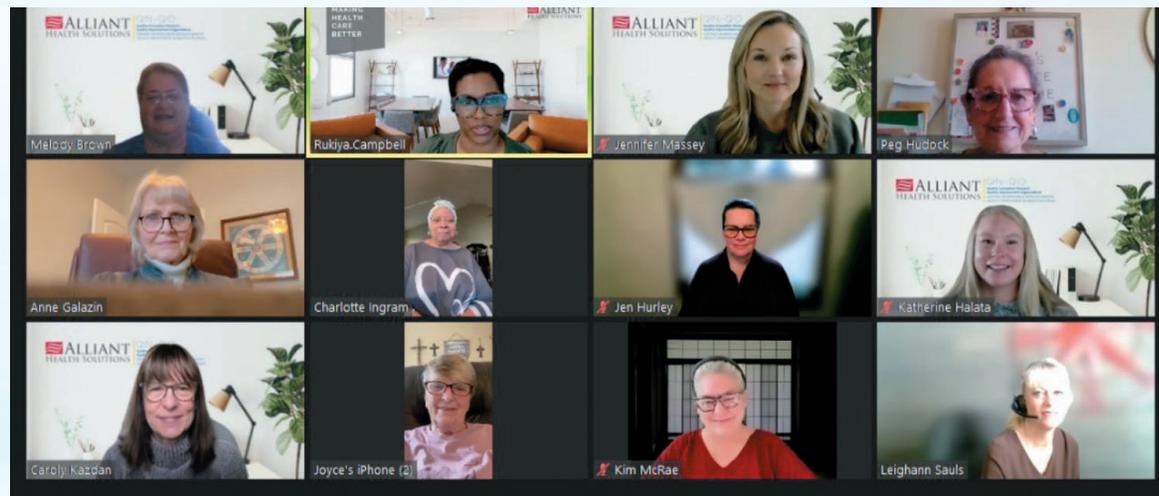
The Alliant Health Solutions Beneficiary & Family Advisory Council (BFAC) was chartered in August of 2015 after participation in a national training program funded in 2014 by CMS. This learning initiative directed each Quality Improvement Organization (QIO) to establish a process to include the input of beneficiaries and families in the CMS aims for improvement.

Alliant originally set up this council as an advisory board comprised of Medicare beneficiaries and family members from Georgia and North Carolina. In 2019, Alliant's QIO contract expanded to seven southeastern states (Alabama, Florida, Georgia, Louisiana, Kentucky, North Carolina, and Tennessee) and additional council members were recruited to ensure that each state was represented.

The monthly meeting focus of the BFAC is to drive the spread of successful interventions across the Alliant region and ensure broad collaboration on engagement and communication. Alliant staff provide guidance, oversight, and support for the BFAC. BFAC leadership and governance is accomplished by the officers who serve for a minimum of one year, with the option of renewing their role. This includes a chair, co-chair, historian, secretary and timekeeper. Alliant provides an organizational liaison to assist with virtual meeting facilitation and the recruitment and orientation of new members.

The BFAC maintains monthly meeting agendas, minutes, and participation records. Suggestions for the BFAC agenda may originate from anyone seeking the feedback of this council. The QIO leadership presents ideas, share opportunities for project workgroups, and solicit feedback on any materials developed to support the healthcare education needs for the beneficiaries. BFAC members complete an annual evaluation for process improvement in April of each year.

During the 12th Statement of Work, 46 resources were reviewed by the BFAC members. They have also participated in AHS's beneficiary-facing resources such as ["A Smoking Cessation Story-Meet Peg."](#)



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RESOURCE LIST

Category 1

[Naloxone Saves Lives](#)
[Alternative Therapies and Non-Opioid Medications Medication Storage Tip Sheet](#)
[Medication Disposal Tip Sheet](#)
[Do's and Don'ts of Pain Medicines](#)

Category 2

[Anticoagulant Nursing Home Adverse Drug Event Checklist](#)
[Nursing Home Diabetes ADE Checklist](#)
[Opioid Nursing Home Adverse Drug Event Checklist](#)

Category 3

[Overview Statement](#)
[Joyce's Testimony](#)
[Quick Guide to Standards of Care for Chronic Disease Screening](#)
[Million Hearts® Cardiac Rehab Change Package](#)

Category 4

[Heart Failure Zone Tool with weight log](#)
[QAPI Mini Self-Assessment](#)
[IHI Diagnostic Tool for Safe Reliable Effective Care](#)

Category 5

[Emergency Preparedness Plans \(EPP\): A Guide to Resources and Templates for Nursing Homes](#)

Category 6

[Seasonal Immunization Campaign Calendar: "Ready. Set. Go."](#)
[Immunization Jeopardy](#)
[Immunization Jeopardy Facilitator's Guide](#)
[Toolkit for Increasing Vaccination Rates for Respiratory Diseases in Nursing Home](#)

Category 7

[Nursing Home Infection Prevention \(NHIP\) Training Implementation Guide](#)

Beneficiary & Family Advisory Council

[A Smoking Cessation Story-Meet Peg](#)

Health Equity

[Bite-Sized Learning: CLAS 101](#)
[Bite-Sized Learning: CLAS Implementation](#)
[Health Literacy with Dr. Iris Feinberg, PhD, CHES](#)
[Bite-Sized Learning: Using Teach-Back](#)



QIN-QIO

Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
QUALITY IMPROVEMENT & INNOVATION GROUP

This material was prepared by Alliant Health Solutions, a Quality Innovation Network – Quality Improvement Organization (QIN – QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. 12SOW-AHS-QIN-QIO-TO1-NH-TO1-PCH-5812-05/29/24