

**Indiana State Department of Health
Health Care Quality and Regulatory Commission**

**Civil Money Penalty (CMP) Project Report
Indiana Nursing Home Advanced Education Project**

DATE OF REQUEST: September 27, 2013

PREPARED BY: Terry Whitson, Assistant Commissioner, Indiana State Department of Health

SUMMARY

PROJECT TITLE: Indiana Nursing Home Advanced Education Project

PROJECT PURPOSE: To address a statewide shortage of healthcare workers in nursing homes with advanced training in geriatric care issues.

BRIEF SUMMARY OF PROJECT: This project is intended to develop and implement a program to improve the education of health care professionals working in long term care facilities. The Indiana State Department of Health (ISDH) believes that nursing homes do not have sufficient educational qualifications in some important advanced care areas. Formal academic programs generally do not include dedicated courses or even detailed content in long term care issues such as pressure ulcers, infection prevention, or Alzheimer's. Formal academic programs certainly do not include process improvement content needed for healthcare quality improvement. The result is that most long term care professionals working in nursing homes do not have advanced education in long term care issues. Without expertise on long term care issues, nursing homes often do not have personnel with the skills needed to develop quality improvement programs based on current evidence-based standards of care. This likely is a contributing factor to deficient practices. In order to increase the number of nursing home staff with advanced education needed to support improvements in healthcare quality, the ISDH seeks to develop and implement an advanced education program on long term care specialties.

BACKGROUND

In 2007 the Indiana State Department of Health (ISDH) began holding two Long Term Care Leadership Conferences per year. The average attendance at the conference has been over 1,000 to include approximately 350 participating nursing homes. The ISDH has now hosted fourteen conferences. Each conference is a one-day event focusing on one health care issue. Topics have included pressure ulcers, healthcare associated infections, Alzheimer's, abuse and neglect, patient safety, reducing restraints, incontinence, nutrition, staffing, life safety code, care coordination, and quality improvement. This Indiana Nursing Home Advanced Education Project is intended to complement and promote concepts introduced in the Leadership Conferences.

The ISDH has previously conducted statewide quality improvement initiatives on pressure ulcers and healthcare associated infections. Through those initiatives, the ISDH determined that the number of nursing home staff with advanced education in areas such wound care, infection prevention, Alzheimer's and dementia care, and process improvement is low. In the Indiana State Department of Health's (ISDH) pressure ulcer initiative, the ISDH determined that only 40% of nursing homes had a nurse certified in wound care. In the ISDH's healthcare associated infection initiative, the ISDH determined that only 2% of nursing homes had an individual on staff certified in infection prevention. Without that level of expertise, nursing homes are lacking capacity in addressing important quality of care issues.

It is not only health care expertise that is lacking but process improvement expertise. The CMS Quality Assurance and Performance Improvement (QAPI) program is an important tool in quality improvement. Many hospitals now have developed staff with expertise in process improvement. Nursing homes are still lacking in that expertise. In our recent pressure ulcer and infection initiatives, the ISDH did not identify a nursing home with an individual on staff with a certification in a process improvement process. Without staff with that level of skill, QAPI is destined to fail or at least not reach its potential. The ISDH has an important resource on staff in that our Director of Acute Care is a certified black belt in LEAN Six Sigma and was previously employed in a hospital quality improvement program.

PROJECT DESCRIPTION

The ISDH plans to contract with a project coordinator to implement statewide advanced education programs in long term care. It is expected that the project coordinator will then subcontract with appropriate individuals or organizations to provide certification level education programs. Each program will be designed for approximately 25 participants in order to promote interaction with participants.

Participants will include appropriate long term care staff, long term care associations and organizations that can further assist facilities in improving care, and consumer organizations that can assist in providing education on long term care issues to consumers. The project coordinator will be responsible for gathering and analyzing data related to the program outcomes.

Education programs will be provided in person. Programs will be set up regionally throughout the state. Where possible the programs will collaborate with regional healthcare collaborative efforts and local healthcare quality improvement groups. Education programs will be designed to engage the support of area healthcare facilities through scheduling of times and locations.

The ISDH is planning to offer education programs in several advanced areas. These education programs will prepare the participant to be eligible to apply for certification (where certification is available). The following are anticipated education programs that will be included in the project:

- Wound care
- Infection Prevention

- Alzheimer's and Dementia Care
- Process Improvement

The education provided will be sufficient for the participant to apply for certification in the particular advanced education area should the individual decide to do so and where certification is available. Education and training programs will meet the requirements for education of the applicable certification organizations. The programs will utilize one or more of the following standards:

- Wound care
 - Wound, Ostomy and Continence Nursing (WOCN) Certification Board
 - National Alliance of Wound Care (NAWC)
 - American Academy of Wound Management (AAWM)
- Infection Prevention
 - Certification Board of Infection Control and Epidemiology (CBIC)
- Alzheimer's and Dementia Care
 - Alzheimer's Association of Greater Indiana Certification Program
 - PHI, Inc. abuse prevention program
- Process Improvement
 - LEAN Six Sigma
 - CMS Quality Assurance and Performance Improvement (QAPI)

There are several existing programs or organizations that the program coordinator may utilize in providing education. For instance, the Wound Care Education Institute (WCEI) has several programs at a variety of levels based on NAWC certification standards. The Association for Professionals in Infection Control and Epidemiology (APIC) has developed programs for infection prevention training. The CMS *Partnership to Improve Dementia Care* provides content on the reduction of antipsychotic drug use in nursing homes.

The contracted project coordinator will do the following:

- Identification and booking of locations for the education programs
- Registration, on-site staffing and check in of program participants
- Coordination of planning education programs with partners to include provider systems, provider associations, consumer organizations, healthcare quality improvement organizations and state agencies
- Plan program agendas
- Arrange for logistics and costs for speakers and any ISDH approved exhibitors
- Collect data pursuant to project measures
- Analyze data based on statistical standards
- Provide health care expertise in support of the project development and implementation
- Prepare periodic and final project report

The advanced education programs will be provided at no cost to the participants or their facility. This will include the training materials utilized as part of the program. Food and beverage provided will be charged to participants. Any costs charged for food and beverage will be kept to a minimum in order to attract as many as possible to the education programs. Food and beverages may be sponsored by vendors.

PROJECT TIMELINE

ESTIMATED PROJECT START DATE: March 1, 2014

ESTIMATED PROJECT END DATE: February 28, 2016

PROJECT TIMELINE: The following is the general timeline for this project:

- October 1, 2013: ISDH submits project to CMS for approval
- November 15 2013: CMS informs ISDH whether project approved
- November 18, 2013: ISDH announces program as part of release of State Healthcare Associated Infection (HAI) Report
- November 18, 2013: Project submitted to ISDH Chief Financial Officer for approval to begin the contract process
- December 1, 2013: ISDH begins the state contract process
- February 28, 2014: Contract completed
- May 2014: First advanced education program conducted
- May 2014 – December 2015: Education programs provided
- February 28, 2016: Final project review completed by project coordinator

PROJECT INFORMATION

PROJECT DIRECTOR: Terry Whitson

PROJECT TEAM:

Burton Garten:	Contract Oversight
Matt Doades:	Outcome measure tracking
Kim Rhoades:	Survey review and planning
Courtney Hamilton:	Nursing review and planning

EXPECTED OUTCOMES

EXPECTED PROJECT OUTCOMES:

- Indiana nursing homes will improve the qualifications of staff on wound care, infection prevention, Alzheimer's and dementia care, and process improvement
- Indiana nursing home pressure ulcer rate will decrease
- Indiana nursing home infection prevention will improve

EXPECTED PROJECT DELIVERABLES:

- Training materials and resources for each education program participant

RESULTS MEASUREMENT:

The following are outcome measures for the project:

- Indiana nursing home pressure ulcer rate

Project assessment and measurement will be accomplished through review of deficiencies found by long term care surveys. The following is general data that will be used to obtain an overall indicator of quality of care:

- Number of statewide immediate jeopardy level deficiencies cited on nursing home surveys along with the percent of providers cited at an immediate jeopardy level for federal tags F314 and F441.
- Number of statewide actual harm level deficiencies cited on nursing home surveys along with the percent of providers cited at an actual harm level for federal tags F314 and F441.
- Number of statewide total deficiencies cited on nursing home surveys along with the percent of providers cited for federal tags F314 and F441.
- The state's rank as to the frequency of a deficiency in relationship with all states and region v states for F314 and F441.

The ISDH will track the following indicators to obtain a specific indicator of process improvement:

- Number and percent of Indiana nursing homes with an individual with certification level education in wound care
- Number and percent of Indiana nursing homes with an individual with certification level education in infection prevention
- Number and percent of Indiana nursing homes with an individual with certification level education in Alzheimer's and dementia
- Number and percent of nursing home staff that have completed the PHI abuse prevention program
- Number and percent of Indiana nursing homes with an individual with yellow belt Six Sigma education
- Number and percent of Indiana nursing homes with an individual with green belt Six Sigma education

SUSTAINABILITY (CONTINUITY) OF PROJECT:

A goal of the project is to improve the qualifications of nursing home staff. The project will provide participants with resources that can be used to implement quality improvement projects. The intent is for providers and organizations to utilize the information and resources on an ongoing basis in their facilities to improve quality of care and extended throughout their future nursing home employment. By utilizing the advanced knowledge towards implementing change within their facility, the participants will help to sustain and advance the project through sharing information.

The ISDH hosts an online Healthcare Quality Resource Center that includes centers on pressure ulcers and infection prevention. To assist with sustainability, the ISDH will post information and resources utilized in the project so that individuals have easy access to relevant information. As staffing changes in a facility, the Resource Centers are important as information usually does not get transferred upon staffing changes.

Through meetings with provider and advocate groups, the ISDH encourages projects related to the topic. The ISDH has been working with long term care provider associations to develop this project. There is evidence of sustainability through those meetings. When the ISDH promotes awareness of a healthcare quality issue, healthcare organizations frequently will include those topics in their conferences to help sustain and expand the project.

BENEFITS TO RESIDENTS

Pressure ulcers, infections, and abuse are significant problems in nursing homes. The three care issues are preventable. Nursing home residents have the expectation that the staff is well qualified to provide high quality care. The reality is that few staff has advanced education in geriatric issues. The project seeks to increase education levels on these important issues and promote a process improvement approach to quality of care. The benefit to nursing home residents will be a nursing home staff that takes increased responsibility for preventing pressure ulcers, infections, and abuse. The project seeks to ensure that facilities have the resources and tools necessary to provide a high quality of healthcare.

Residents also benefit through increased access to information. The ISDH Healthcare Quality Resource Centers provide residents and their families with ready access to healthcare quality information that they can utilize to learn about care. Through this project, the ISDH will continue to expand its online Healthcare Quality Resource Center. This will provide residents and their families with increased access to information.

NON-SUPPLANTING

CMS S&C Memo 12-13-NH explicitly allows use of CMP funds for training that are open to multiple nursing homes and joint trainings with providers and surveyors. This project is a training project involving multiple nursing homes and participants. The purpose of the training is to provide current evidence-based education at a level that is well beyond the expectation of a facility. The project will not supplant direct care requirements of providers. The project does not involve direct resident care.

While State licensing rules and federal certification regulations require a facility to provide in-service education for staff, the regulations do not require a nursing home to have certified staff in wound care, infections, abuse, and process improvement. Rules and regulations only require that staff be appropriately licensed.

Quality healthcare is an outcome of education and training. Research on healthcare quality has increased exponentially in recent years. Particularly in long term care, professional schools generally do not include gerontology in their curriculum let alone specialized education on long term care issues. While we expect healthcare providers to provide quality care, a health care facility does not have the expertise or resources necessary to provide current education and

training on all quality and care issues. Health care regulations do not envision a facility having this level of expertise.

CMS originally contracted with PHI to develop educational modules that could be used by facilities to utilize expertise not normally found in nursing home staff. This training seeks to extend the *CMS Partnership to Improve Dementia Care* and implement our current abuse prevention train-the-trainer project.

This project therefore attempts to go beyond minimum health care facility requirements towards improving the qualifications of healthcare professionals. The project therefore does not supplant any federal funds or effort.

CONSUMER AND OTHER STAKEHOLDER INVOLVEMENT

This project is directed at direct care staff. The ISDH expects floor nurses and support staff to be participants in the education programs. The ISDH will encourage participants to conduct activities within their facility to involve residents, families and direct care staff.

For the past year, the ISDH has hosted a Healthcare Associated Infection Advisory Group. This group is comprised of health care providers, epidemiologists, and local health departments. This group has been instrumental in the development of projects promoting the prevention of infections.

There are two active local nursing home quality improvement collaborative programs. These collaborative programs include local community organizations and academic institutions along healthcare quality improvement groups and nursing home providers. The ISDH is encouraging the collaborative programs to become involved as sponsors of these education efforts.

FUNDING

FUNDING AMOUNT APPROVED FOR PROJECT: \$400,000

ESTIMATE OF ANY NON-CMP FUNDS TO CONTRIBUTE TO THE PROJECT:
Participants will pay for their travel costs to attend the training and food service.

RESPONSIBLE ORGANIZATION

ORGANIZATION / CONTRACTOR / GRANTEE RESPONSIBLE FOR THE PROJECT:

The ISDH plans to contract with an entity to serve as a project coordinator. The entity will be required to have significant expertise in healthcare quality, process improvement, project coordination, long term care, and data analysis. The ISDH will go through the State contracting process to select the entity.

STATE CONTACT

STATE CONTACT PERSON:

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