What do reduction in rehospitalization, caring for dementia patients and preventing abuse, and reduction in the use of antipsychotic drugs have in common? They are all quality of care initiatives advanced by the Centers for Medicare & Medicaid Services (CMS).

Scope of Quality Initiatives

Rehospitalization reduction

Defining the parameters, settling on common definitions, and determining incentives and penalties are all tasks associated with curbing the expensive problem of readmissions. Hospitals readmit an average of 20% of Medicare patients within 30 days of their initial discharge, costing the Medicare program approximately 12 billion dollars each year. Although some readmissions are necessary, those that are not may reflect poor quality of care. In order to counteract current hospital payment incentives to discharge early, new financial penalties were enacted for hospitals starting in fiscal year 2013. Analysis shows that skilled nursing facilities (SNF) contribute to this previously unaddressed problem. Most researchers agree that about 23% of the Medicare beneficiaries discharged from the hospital were directly readmitted within 30 days at a cost to the Medicare program of over 4 billion dollars a year. This emerging problem for SNFs stems from a multiplicity of issues, and pinpointing these issues in order to improve quality has been an arduous task.

Defining the growing problem in SNFs, using a common yardstick to measure incidence, determining what constitutes improvement, highlighting the problem to the industry, and coming up with effective solutions have been at the forefront in long-term care for the last few years. The Medicare Payment Advisory Commission determined that 78% of all potentially avoidable 30-day SNF rehospitalizations were related to five conditions:

- Congestive heart failure
- Respiratory infection
- Urinary tract infection
- Sepsis
- Electrolyte imbalance

Concerns about readmissions are not limited to short-stay Medicare patients; they also affect long-stay residents who may have Medicaid as a primary financing source. New studies are examining strategies for reducing potentially avoidable hospitalizations in the long-stay population—a group that has multiple comorbidities, need for assistance with activities of daily living, and varying degrees of cognitive impairment. The toll that a hospital
admission takes on a long-stay resident may result in deterioration of the resident’s overall condition.

There has been a concerted industry effort to ally with policymakers, researchers, Quality Improvement Organizations, associations, and regulators to improve this statistic. Tools and dashboards for tracking and trending are appearing, although comparing apples to apples still poses a problem. Awareness campaigns and educational sessions on readmissions are increasing. Focus and cooperation among caregivers has been shown to get results: Long-term care has excelled in surpassing its established goals in reducing restraint use and incidence of pressure ulcers. But the hard work of reducing readmissions is barely under way, and next steps must go beyond simply measuring the problem.

Beyond the lofty goals, this multifaceted issue can be resolved only at the local level in each facility. Improving attitudes, communication tools, processes, assessment expectations, and internal resources will take commitment and hard work.

Care for dementia residents and abuse prevention

In response to the Affordable Care Act of 2010’s mandate to ensure nurse aides receive regular training on caring for residents with dementia and preventing abuse, CMS has developed a national partnership to improve the quality of care in nursing homes. Through person-centered, comprehensive care delivery that extends across disciplines, CMS hopes the partnership will promote a systematic process to evaluate each person and identify approaches that are most likely to benefit that individual.

The broad goals of this partnership include:

- Improving the quality of care provided to nursing home residents with dementia
- Delivering healthcare that is person-centered, comprehensive, and interdisciplinary
- Protecting residents from being prescribed antipsychotic medications unless there is a valid, clinical indication for such medications and a systematic process to evaluate each individual

The partnership promotes the three R’s: Rethink the approach to dementia care, Reconnect with people using person-centered care approaches, and Restore good health and quality of life in nursing homes.

CMS has created a training program that can help address the requirement for annual nurse aide training on these topics. The Hand in Hand DVD series, recently mailed to every nursing home in the United States, offers basic training principles related to consistent staffing, empowering nurse aides, promoting team involvement, and building relationships. These principles are the foundation for improvement.
An awareness campaign involves a multitude of players as well as materials, resources, supporting literature, research articles, and best practices. Groups such as the Pioneer Network have been promoting and participating in these practices for several years. Connecting resources to each nursing home and then changing long-term institutional practices takes time and commitment from every employee, from leadership to nurse aides and even the janitorial staff.

Without a commitment to rethink how we provide care, nothing will change. Even a simple adjustment to facility practice can involve several departments, detailed education, and an action plan. It may also involve teaching new procedures or expanding education for certified nursing assistants (CNA). But most importantly, to successfully make a change in the standard of care, staff must be able to find the joy in better serving their patients.

**Reduction in the use of antipsychotic drugs in nursing home residents**

As part of CMS’ broader initiative to improve dementia care, the element of its campaign involving antipsychotic drugs strives to teach caregivers how to provide meaningful care alternatives.

In 2011, the Health and Human Services Inspector General determined that while 14% of nursing home residents were prescribed atypical antipsychotics, 83% of those drugs were for “off-label” conditions and not for treatment of mental illness. Off-label conditions are defined as conditions other than schizophrenia and/or bipolar disorder. In addition, 88% of the atypical antipsychotic drugs prescribed were associated with a condition specified in the FDA boxed warning, sometimes referred to as a black box warning.

CMS reported that 22% of the antipsychotic prescriptions in nursing homes were problematic in accordance with survey and certification standards. Surveyor findings included excessive doses, excessive duration, inadequate indication of need, inadequate monitoring, and presence of adverse effects.

Most of us watch television, search the Internet, and/or answer email every day. It’s easy to feel inundated by advertisements for new pills that claim to alleviate any and all problems. It is easier to swallow a pill than to change a behavior! But, of course, that is not the best solution.

In a nursing home, where staff, physicians, pharmacists, and even families are subject to the same media influences, medication is frequently used for symptomatic treatment rather than a specified condition. Examining the triggers for use of these medications and the behavioral symptoms they are trying to modify will help to reduce drug misuse. Communication between caregivers is key to success. For example, the word “agitation” is a generic term used to describe a variety of behaviors and may or may not be associated with a psychiatric disorder. Before using medication to control the
symptom, staff members need to apply critical thinking and determine the root cause.

As a result of this report, CMS is campaigning to reduce the use of antipsychotic drugs in the nursing home for off-label conditions and conditions that have a black box warning. The industry is aligning with CMS, associations, and Quality Improvement Organizations in order to promote this initiative.

At the global level, awareness and education across a broad spectrum of healthcare workers is necessary, while at the local level, each facility must attack the problem individually. At the core of each of these initiatives, the key to improvement requires a facility to examine existing practices and update as necessary, perform root cause analysis, offer consistent and up-to-date staff education, and have reference tools available to support staff.

**Adhering to CMS’ quality initiatives**

Nurses and administrators alike know that quality resident care is their top priority. Meeting residents’ needs by providing consistent, thorough, and well-documented care is what every nursing home strives for. Unfortunately, with staff turnover and budget cuts, keeping staff trained and up to date on facility procedures and care practices becomes difficult.

Having consistent procedures for everyone from the CNA to the director of nursing to follow becomes a top priority. With a resource like the NADONA-endorsed HCPPro Comply for Long-Term Care Nursing, consistency is no longer a problem. This electronic platform includes 400 regulatory-compliant procedures that can be accessed at any time from any computer, allowing all nursing staff to provide consistent, thorough care. In turn, nursing homes can make strides to reduce rehospitalization rates, improve resident care, and lower costs.

Training CNAs under the Affordable Care Act just got easier. HCPPro Comply for Long-Term Care Nursing provides access to over 65 in-services. Each in-service allows for instructor-led or self-study sessions and features post-tests and lesson summaries. With topics such as elder abuse prevention and caring for residents with Alzheimer’s, meeting the government’s training requirements is as simple as a click of the mouse.

Did you know that more than 1 million adults over age 54 have a severe, persistent mental illness? Most of these are diagnosed with schizophrenia. This number does not include residents with dementia, whose symptoms include psychosis, agitation, wandering, depression, and behavior issues. In the next 30 years, the number of older adults with severe and persistent mental illness will double. Regular medication reviews should be conducted to determine whether there are alternatives to psychotropic medication.
Now you can easily adhere to CMS’ requirement of using evidence-based practice when assessing residents and care planning. **HCPro Comply for Long-Term Care Nursing** provides 20 evidence-based guidelines that align with the federally mandated Care Area Assessments. Everything is provided, from potential nursing diagnoses to underlying causes, contributing risk factors, and clinical recommendations. The related F-tags and regulatory guidance, direct from the Resident Assessment Instrument User’s Manual, are also included within each of the topics.

In addition to procedures, in-services, and guidelines, **HCPro Comply for Long-Term Care Nursing** has an e-book library of 14 top regulatory-based clinical nursing and long-term care titles. No longer do you run the risk of a book disappearing from your shelf. These searchable books offer the immediate answers you need, when you need them.

Don’t just take our word for it; try it out for two weeks. This free trial offer will provide you full access to the entire electronic platform. Visit us at hcprocomply.com/long-term-care-nursing to learn more, or contact us at esales@hcprocomply.com to set up a trial.

**Reference list**


4. CMS. *National Partnership to Improve Dementia Care in Nursing Homes*. Accessed at wherever.


