

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

**Civil Money Penalty (CMP) Project Proposal
Indiana Healthcare Quality Improvement
Regional Collaborative Project**

DATE OF PROPOSAL: November 25, 2013

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

SUMMARY

PROJECT TITLE: Indiana Healthcare Quality Improvement Regional Collaborative Project

PROJECT PURPOSE: This project is intended to establish an infrastructure for implementing quality improvement projects at nursing homes and facilitate communication and care coordination between healthcare providers. The project is intended to provide nursing homes with training and support for development and implementation of quality improvement projects. The ultimate goal is to improve quality of care for nursing home residents.

BRIEF SUMMARY OF PROJECT: The Indiana State Department of Health (ISDH) intends to contract with an entity to promote development of regional healthcare quality improvement collaborative projects for nursing homes. The ISDH project is intended to support continuation and expansion of existing projects and additional collaborative projects. The number of nursing homes in a collaborative may vary depending on the number of facilities in the area but the intent is to create small regional collaborative projects (perhaps 20 – 40 facilities per collaborative) in order to facilitate interaction and coordination. The collaborative will be expected to conduct needs assessments of participating facilities and develop projects consistent with those identified needs. Each collaborative will then conduct quality improvement projects consistent with Quality Assurance and Performance Improvement (QAPI) standards. Each collaborative is expected to include participation by nursing homes in that region, providers associations, quality improvement organizations, consumer advocate organizations, and community organizations.

PROJECT TIMELINE

ESTIMATED PROJECT START DATE: July 1, 2014

ESTIMATED PROJECT END DATE: June 30, 2016

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

- Project discussed with ISDH Commissioner and Chief of Staff: April 2013
- Development of quality improvement plans for 2014: June – September 2013

- Project approval request prepared: November 2013
- Request for CMP project approval submitted to CMS: November 25, 2013
- Response received from CMS: January 10, 2014
- Project proposal submitted to ISDH Finance for approval: February 1, 2014
- State contracting process started: March 2014
- Request for proposals published: April 2014
- Contract completed: June 30, 2014
- Project development and planning with contractor and partners: July – August 2014
- New collaborative projects begin: September 2014
- Project (contract) ends: March 2016

BACKGROUND

From a historical perspective, healthcare was traditionally provided through an individual provider - the family doctor. The doctor's care generally extended to hospitals and nursing homes. Because there was a common care provider, there tended to be minimal care coordination between facilities. In terms of facilities, the culture of healthcare was one of competition. Facilities frequently marketed themselves based on quality of care. Facilities were expected to compete. Laws such as self-referral restrictions were in fact adopted to promote competition. Technology, specialization, and an aging population changed the care system resulting in a need for care coordination. To achieve quality care, facilities today must communicate and coordinate care between providers and facilities. In presentations, I have frequently used the phrase "Collaborate on Quality, Compete on Services" as the model for healthcare quality.

As the Centers for Medicare and Medicaid Services (CMS), Centers for Disease Control and Prevention (CDC), ISDH and other healthcare agencies develop quality improvement resources and information, it is often a challenge to get that information disseminated and implemented at a facility level. In 2007, the ISDH began hosting two statewide Leadership Conferences per year. As of the end of 2013, the ISDH has hosted fourteen of those conferences. The conferences are very beneficial in raising awareness of state healthcare issues and bringing together all providers at one time to hear from national healthcare experts. Because of the size of the conference, they are not particularly conducive to interaction between participants. While the ISDH and other organizations have provided quality improvement conferences, resources from conferences are often underutilized by facilities. Reasons may be because key staff was not made aware of the resources, a lack of expertise on the subject matter, a lack of external support to provide guidance on implementation, or the cost of training needed to implement quality improvements.

The ISDH believes that small regional collaborative projects are vital to implementing healthcare quality improvements. A regional collaborative is more cost and time effective for facilities than a project that requires significant travel. A small collaborative provides the opportunity for participation by more staff than just the "usual suspects" of key administrative staff thus increasing its chance of success. A smaller group provides for increased opportunity for discussion and interaction among participants and encourages participation of community organizations.

In recent years the ISDH Health Care Quality and Regulatory Commission implemented two major initiatives that utilized regional training opportunities. The Indiana Pressure Ulcer Initiative began in 2007 and the Indiana Healthcare Associated Infection Initiative began in 2010. The regional meetings brought together the partners needed to address care coordination issues. Many participants indicated that the regional meetings were one of the first opportunities for facilities in the area to directly communicate about healthcare quality improvement.

Subsequent to the initiatives, the Indiana Patient Safety Center promoted regional collaborative efforts among hospitals to address quality of care issues. The Indiana Hospital Association reports that almost all general hospitals are now participating in a regional collaborative and reports that these collaborative efforts have been successful in addressing quality of care issues.

For nursing homes, there have been a few regional healthcare collaborative projects but there is limited current participation. Regional projects have tended to come and go as there has been a lack of a champion to drive the collaborative and often a lack of funding needed to facilitate activities.

There are examples of successful regional collaborative efforts. After widespread flooding hit the State in 2008 impacting well over 100 facilities, there was an effort to bring facilities together for the purpose of emergency preparedness planning. The outcome of that effort was the development of nursing home preparedness plans.

CMS and the state Quality Improvement Organization (QIO), Health Care Excel, conducted a pilot project in Lake County on at-risk nursing homes. The project was a collaborative effort to improve performance at facilities with a history of poor performance. The project focused on bringing together a number of partners to address quality issues. The project included six nursing homes. The project began in September 2010 and concluded in August 2011.

There are several existing nursing home collaborative projects. These projects have been active to varying degrees for the past 2-3 years. The Community Foundation of St. Joseph County developed a Nursing Home Collaborative Project involving all nursing homes in the St. Joseph County (South Bend area). The Central Indiana Senior Fund funded an Indianapolis Nursing Home Collaborative. The Collaborative is in its second phase with each phase including approximately 25 nursing homes. Both of these collaborative projects expanded the participating partners to include community organizations. The collaborative projects have focused primarily on leadership and staffing issues. Other collaborative projects are ongoing in Ft. Wayne, Muncie, and Evansville.

In recent years, CMS implemented Quality Assurance and Performance Improvement (QAPI) requirements for several health care providers. In 2013 CMS announced plans to extend QAPI requirements to nursing homes. On June 7, 2013, CMS released Survey and Certification Letter 13-37-NH discussing the rollout of QAPI materials for nursing homes. The materials detail the five elements of QAPI.

PROJECT DESCRIPTION

The ISDH will solicit proposals from potential contractors. The selected contractor will serve as Project Coordinator for this ISDH Healthcare Quality Improvement Collaborative Project. The contractor will coordinate and facilitate support of regional collaborative projects. If a regional collaborative wishes to apply for funding, the contractor will assist the project in complying with ISDH funding criteria. In areas where there is not a collaborative project in place, the contractor will work with partners to develop a project. The ISDH would like to develop up to five additional collaborative projects. The ISDH expects that the contractor will subcontract with organizations and individuals needed to assist in the promotion and development of each collaborative.

The ISDH's vision for a regional collaborative is:

- A regional collaborative is intended to be a local base for quality improvement efforts. It is intended to promote participation in quality improvement activities by being easily accessible and solving logistical and organizational challenges.
- A regional collaborative is intended to provide support in healthcare quality education and training. The reality is that a health care facility likely does not have the expertise to provide evidence-based best practices on all issues. The collaborative will assist in identifying outstanding trainers and materials that address facility quality challenges.
- A regional collaborative is intended to be an important component of a facility's Quality Assurance and Performance Improvement (QAPI) plan. The collaborative will provide expertise and support in process improvement, development of quality improvement plans, and implementation of quality improvement projects.
- A regional collaborative is intended to include participation by a range of partners to include health care facilities, healthcare provider associations, quality improvement organizations, consumer organizations, civic organizations, academic institutions, and state agencies. Our vision is that each collaborative will have a champion to spearhead projects and encourage support for the collaborative. The champion would ideally be a partner from a consumer, civic, or academic organization. A statewide provider association might also serve as a champion. Where a care coordination issue exists, the ISDH envisions participation by those partners needed to address care coordination. That might include area hospitals or home health agencies.
- A regional collaborative is intended to include participation by a broad range of healthcare providers from each facility. The same individuals would not necessarily attend every collaborative meeting. Involving different individuals from varying levels promotes sustainability and decreases the burden on key staff. Some activities would lend themselves to agency leadership staff. These might include leadership training or quality improvement planning that only includes one person from each participating facility. Other activities might be appropriate for direct caregivers such as nursing staff or aides. These activities might be something like abuse prevention training and include multiple participants from each facility. The ISDH does not envision that every facility would chose to participate on every activity but focus on activities consistent with their assessed needs and quality improvement plan.

The grantee or contractor will be required to meet the following criteria:

- Expertise in quality assurance and performance improvement project development
- Experience in healthcare quality improvement project coordination with demonstrated positive process and outcome results
- Experience in organizing healthcare quality improvement collaborative projects
- Academic expertise in healthcare, healthcare quality, and education / training
- Expertise in data analysis and performance measurement
- Expertise in aging / geriatric issues and a history of successfully promoting long term care quality

The ISDH will establish criteria for funding of regional collaborative projects. At a minimum, each funded regional collaborative must provide over a two-year period:

- a. A collaborative structure that includes 20-40 nursing homes from a regional area. The collaborative would be open to all facilities in the region and not limited to one ownership group.
- b. QAPI (Quality Assurance and Performance Improvement) training with participating facilities agreeing to develop facility QAPI project plans related to the collaborative activities and participate in quality improvement measures.
- c. At least one infection prevention project. The project (or projects) may be a small or large project and will include a QAPI project plan. Examples of possible projects include:
 - Hand hygiene
 - Antibiotic stewardship
 - Infection prevention for cancer patients
 - Safe injection practices
 - *Clostridium difficile* (or other specific infection) prevention project
- d. At least one quality of care project. The project must address a quality of care issue. Examples of quality of care issues include wound care, healthcare associated infections, congestive heart failure, nutrition, Alzheimer's or dementia, abuse and neglect, restraints, or continence care. Each project will include a QAPI project plan for the selected project.

In addition to the minimum requirements, the contractor may assist with and/or coordinate additional projects and activities on administrative and organizational components. Past collaborative projects have included training on administrative and organizational areas such as leadership and staffing. Administrative and organizational issues are important components of the health care system. The ISDH expects that these issues will be incorporated into any collaborative or facility project plan. This content may include items such as general training and planning on process improvement, care coordination, culture change, leadership, staffing, and role of resident or family.

The regional collaborative could utilize other quality improvement initiatives. For instance, the ISDH is developing an advanced education project that will provide advanced training on issues such as healthcare associated infections, wound care, process improvement, abuse and neglect, and Alzheimer's and dementia care. A regional collaborative might, for instance, identify abuse as

an issue and coordinate with the other initiative to provide abuse prevention training within the structure of the regional collaborative.

The contracted project coordinator will do the following:

- Identify a champion / organizer for each regional collaborative and provide assistance to the champion / organizer in the planning and development of the collaborative
- Assist collaborative projects with development of meeting agendas, meeting content, activities and speakers, meeting locations, and recruitment of participants
- Assist in coordination of planning education programs with partners to include providers, provider associations, consumer organizations, healthcare quality improvement organizations and state agencies
- Assist with registration, on-site staffing and check in of program participants at collaborative meetings, and project communication
- Assist the collaborative in assessing quality improvement needs at participating facilities
- Assist the collaborative in development of a funding proposal that meets ISDH funding criteria
- Meet with the ISDH to review collaborative funding proposals
- Provide funding for collaborative projects approved by the ISDH
- Provide presentations to the collaborative on QAPI and project plan development
- Develop at least three QAPI project plan templates (one of which will be a healthcare associated infection prevention project) that can be adapted by facilities for their use
- Develop a QAPI facility plan template that can be adapted by facilities for their use
- Provide health care expertise on care issues identified by the collaborative in support of project development and implementation
- Collect data on collaborative projects as to activities and participation
- Collect data pursuant to project measures
- Analyze project data based on statistical standards
- Meet with the ISDH to review projects for compliance with project criteria
- Prepare periodic and final project report

The intent of the ISDH is to provide funding in support of regional collaborative development.

The ISDH expects to provide funding to include support the following:

- Project Coordinator (contractor) responsibilities
- Support for collaborative champion
- Meeting logistics (meeting room costs) if needed [ideally the community partners would assist with support for logistics]
- Expenses for project facilitators and speakers,
- Training materials utilized as part of the program
- Resources to be developed for quality improvement projects

Our intent is that a regional collaborative will be available to nursing homes at no cost or a reasonable minimal cost to the participants or facility. A collaborative may receive additional funding from other organizations. The ISDH supports such partnerships. Any food and beverage provided will be charged to participants or may be sponsored by vendors or partners.

PROJECT INFORMATION

PROJECT DIRECTOR: Terry Whitson

ISDH PROJECT TEAM:

Burton Garten: Contract Oversight
Matt Doades: Outcome measure tracking
Kim Rhoades: Survey review and project planning
Brenda Buroker: Surveyor coordination and project planning
Courtney Hamilton: Nursing review and project planning

EXPECTED OUTCOMES:

EXPECTED PROJECT OUTCOMES:

- Participating nursing homes will be proficient on the QAPI process and be able to create project plans for facility quality improvement projects
- Participating nursing homes will have a facility QAPI plan in place
- Healthcare associated infections will be reduced at participating nursing homes
- Quality of care will be improved for selected quality of care activities

EXPECTED PROJECT DELIVERABLES:

- Continuation of existing nursing home regional collaborative projects
- Creation and implementation of additional nursing home regional collaborative projects with at least quarterly regional collaborative meetings
- Develop a QAPI facility plan template that can be adapted by facilities for their use
- Development of at least three QAPI project plan templates that can be adapted by nursing homes for use at their facilities

RESULTS MEASUREMENT:

Project process improvements will be assessed by the following process measures:

- Percent of nursing homes participating in a regional quality improvement collaborative
- Percent of nursing homes that have received QAPI training
- Percent of nursing homes with a facility QAPI plan

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 surveys along with the percent of providers cited at an immediate jeopardy level
- Number of statewide actual harm level deficiencies cited on surveys along with the percent of providers cited at an actual harm level
- Average number of deficiencies per standard nursing home survey

Specific to infection prevention, the ISDH will track the following indicators to obtain a specific indicator of quality of care:

- Number of statewide deficiencies cited related to F441 Infection
- The state's rank as to the frequency of a deficiency in relationship with all states and region v states.

For other projects developed by a regional collaborative, the contractor will assist the collaborative in development of appropriate measures specific to that project.

SUSTAINABILITY:

One of the reasons for this project is that prior private efforts at regional collaborative projects have lacked sustainability. The ISDH believes that there are several reasons why they have not sustained:

- The collaborative did not have a champion / organizer to provide leadership. Without a champion, the collaborative did not have a clear direction.
- The collaborative did not have a suitable location to meet to accommodate the number of participants and in an environment that did not have distractions.
- The collaborative did not have needed expertise or resources to design or implement a quality improvement project.
- The collaborative did not focus on specific quality issues.
- The collaborative did not have funding to support the project.

The goal of this project is to provide expertise and support in developing a regional collaborative and provide a sense of direction and focus for their activities. One of the challenges for collaborative projects has been the lack of time or knowledge needed to develop quality improvement projects. The project therefore fails for lack of design. This project is designed to provide assistance in creating projects and obtaining needed resources to implement and succeed. One goal towards sustainment is that by providing the collaborative with an example and template for developing good projects that the collaborative can continue that process on their own once the ISDH's support has ended.

The ISDH project is to ensure that a champion is in place who can lead the collaborative. One of the goals is to encourage involvement of a wider range of partners to include community organizations.

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. The purpose of the training is to provide current evidence-based education and training at a level that is well beyond any expectation of a facility. The project will not supplant direct care requirements of providers.

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. Health care regulations do not envision a facility having this level of expertise.

CMS has created QAPI materials and is in the process of implementing the requirement in nursing homes. The project is intended to support the CMS QAPI program and provide facilities with the expertise and materials needed to successfully implement QAPI requirements. The project intends to provide each regional collaborative with expertise not normally found in nursing home staff. This project therefore does not supplant any federal funds and effort.

BENEFIT TO NURSING HOME RESIDENTS

Nursing home residents should have the expectation of quality care within their facility. The project seeks to increase awareness of quality of care issues and focus on quality improvements. The benefit to nursing home residents will be a nursing home that has an active and organized quality improvement process. This results in the implementation of quality improvement projects that improve resident care.

A modern challenge is care coordination. There is a need for improved care coordination between facilities. A collaborative brings together facilities and partners. This fosters the opportunity for improving coordination of care between providers. The training seeks to ensure that facilities have the resources and tools necessary to provide a high quality of healthcare. Our ultimate goal is to benefit residents through the improved quality of care.

Residents also benefit through increased access to information. The Healthcare Quality Resource Centers provide residents and their families with ready access to healthcare quality information that they can utilize to learn about their conditions. Through this project, the ISDH will develop a Quality Assurance and Performance Improvement (QAPI) Resource Center to provide information and resources about quality of care issues. This will provide residents and their families with increased access to information.

CONSUMER AND OTHER STAKEHOLDER INVOLVEMENT

The Community Foundation of St. Joseph County developed a St. Joseph County Nursing Home Collaborative Project involving all nursing homes in the county. The facilitator was the community organization. The collaborative included a wide range of community, academic, and healthcare organizations. This model was instrumental in both its quality outcomes and its sustainability. The Central Indiana Senior Fund funded the Indianapolis Nursing Home Collaborative and followed a similar model in including a wide range of partners. The ISDH believes that these models are good models as there needs to be a range of perspectives on quality of care issues.

As part of the funding requirement for a collaborative, the collaborative will be expected to include a range of partners. Each collaborative should include participating nursing homes, nursing home provider associations, quality improvement organizations, consumer organizations, academic partners, and community and civic organizations. The ISDH is particularly interested in the involvement of community and civic organizations. These organizations often have vested interests in quality healthcare in the community and contribute to the perception of the healthcare system and its care coordination issues. They may also be organizations that can encourage sustainability of the collaborative and provide resources such as meeting locations.

FUNDING

FUNDING AMOUNT FOR PROJECT: \$600,000

ESTIMATE OF ANY NON-CMP FUNDS TO CONTRIBUTE TO THE PROJECT: The goal of the ISDH is to assist in supporting the development and continuation of nursing home regional collaborative projects. The ISDH is planning to provide funding for the support of those projects that meet ISDH requirements. Current collaborative projects have been partially funded by community organizations. The ISDH believes that community involvement and support is a positive influence on the projects and will encourage continued support by community partners. This may come in the form of funding, like-kind support such as meeting room space, serving as champions, or contributions towards project development. Participating nursing homes will be responsible for their travel costs and time commitment. A collaborative may require participants to provide some funding as a demonstration of their commitment. The State funding will not pay for food. Food and beverage provided will be charged to participants or may be sponsored by vendors.

INVOLVED ORGANIZATION

ORGANIZATION / CONTRACTOR / GRANTEE RESPONSIBLE FOR THE PROJECT:

The ISDH plans to contract with an entity to serve as a Project Coordinator. The Project Coordinator will handle logistics for the project and provide direction and support for project activities. The ISDH will go through the State contracting process to select the entity. The qualifications and responsibilities of the Project Coordinator are described above.

CONTACTS

STATE CONTACT PERSON:

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