

Adverse Events in Nursing Homes



National Consumer Voice

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CMS Actions to Reduce Adverse Events

- Facilitate Call to Action to convene industry experts and stakeholders to raise awareness and drive change
- Collaborate with AHRQ to help nursing homes recognize adverse events and precursor events that lead to serious injury
 - List of triggers
- Identify areas in SOM for needed revision

CMS Actions to Reduce Adverse Events

- Exploring ways to enhance the survey process using existing guidance to improve surveyors' abilities to identify non-compliance that contributes to adverse events
- Quality Assurance & Performance Improvement (QAPI)
 - Training for providers and surveyors
 - Incorporating QAPI principles in POC

CMS Actions to Reduce Adverse Events

- QIOs using QAPI and Change Package to help nursing homes implement best practices and systems approach
- Testing innovative approaches through demonstration projects to identify strategies that work to reduce HAIs/HACs and other adverse events.

Initiative to Reduce Avoidable Hospitalizations among NF Residents

- Joint Initiative of the Center for Medicare and Medicaid Innovation (Innovation Center) and the Medicare-Medicaid Coordination Office (MMCO).
- Target Population: Long-stay nursing facility Medicare/Medicaid enrollees (Duals)
- Primary objectives:
 - Reduce the frequency of avoidable hospital admissions and readmissions;
 - Improve the process of transitioning between inpatient hospitals and nursing facilities; and
 - Reduce overall health care outcomes and spending without restricting access to care or choice of providers.
- Seven awardees, called "Enhanced Care and Coordination Providers" (ECCPs), were selected in 2012 and will test interventions over four years.
- ECCPs have partnered with over 140 nursing facilities and serve over 16,000 residents each day. They are operating in AL, NE, MI, NY, NV, IN, and PA.

Enhanced Care & Coordination Providers (ECCPs)

Examples of the interventions include:

- Placement of supplemental NPs and RNs onsite to deliver direct care, improve communication with existing providers, and enhance the skills of facility staff.
- Implementation of INTERACT to improve the identification and treatment of changes in condition without a hospital transfer.
- Improved medication reconciliation and management, including targeting the reduction of antipsychotic medications
- Implementation of new technologies to aid in assessment of residents and communication of information between providers.
- Enhanced palliative care and advance care planning.
- Other strategies such as the placement of dental hygienists onsite to improve oral care.

More information: <http://innovation.cms.gov/initiatives/rahnfr/>

Recognizing Triggers

- Staff awareness
- “Know the resident”
- Procedures for preventing, identification, and action
- Facilities need 24/7, facility “wide and outside” approaches

SNF Trigger Tool

Skilled Nursing Facility Trigger Tool (Based on IHI's GTT)		28	
Care Module Triggers		Medication Module Triggers	
C1	Acute mental status change	M1	Abnormal electrolytes
C2	Aspiration	M2	Abrupt medication stop
C3	Call to physician or family members	M3	Anti-emetic use
C4	Code or Emergency Medical Services (EMS)	M4	Diphenhydramine (Benadryl) use
C5	Death	M5	Elevated INR
C6	Drop in hemoglobin/hematocrit	M6	Epinephrine use
C7	Studies for emboli, PE or DVT	M7	Glucose <50, Glucagon or Dextrose supplement
C8	Fall	M8	Abrupt onset hypotension
C9	Family complaint	M9	Naloxone (Narcan) use
C10	Any infection	M10	Sodium Polystyrene (Kayexalate administration)
C11	New or increased diuretics	M11	Abnormal drug levels
C12	High or low body temperature	M12	Thrombocytopenia
C13	In (SNF) stroke or TIA	M13	Total WBC < 3000
C14	New onset of incontinence	M14	Vitamin K administration (Aqua-Mephyton)
C15	Insertion or use of urinary catheter	M15	Antibiotics started in SNF
C16	Significant Change in Status Assessment in MDS [SCSA]	M16	Increasing pain medication needs
C17	Resident incident or accident	M17	Administration of parenteral fluid
C18	Pressure ulcer	M18	Rising ALT/AST liver function test
C19	ED visit	M19	Medication-Other
C20	Transfer to acute care hospital or observation (OBS) unit	Procedure Module Triggers	
C21	Restraint use	P1	Postoperative/post-procedure complication
C22	Rising serum creatinine	P2	Procedure reintubation/BiPAP/new CPAP
C23	Urinary retention	P3	Procedure-Other
C24	New onset diarrhea	--	--
C25	Prolonged constipation	--	--
C26	Diagnostic radiology or imaging studies	--	--
C27	Care-Other	--	--

Knowing the Resident

- Admissions process
 - Medical History
 - Non-Medical History
 - Sleep/Wake times
 - Bathing preferences
 - Eating preferences
 - Memories (pleasant/unpleasant)
 - Previous long-term care experiences
 - Music, art, other hobbies
 - Likes/Dislikes
 - Family engagement

Prevention

Sample Probing Questions:

- How is the facility staffed?
 - How long has the leadership (Admin., DON, Med Dir.) been with the facility?
 - Do they use agency staff?
 - Do they practice consistent assignment?
- What types of adverse events have occurred in the past?
 - Why do residents get sent to the hospital?
 - Does the facility have a falls prevention and detection program?
- What policies or procedures are in place to prevent adverse events?
 - Does the facility use a structured tool for the identification and management of adverse events (e.g., INTERACT, AMDA tools)?

Reporting

- Name of resident. Relationship to resident.
- Facility name and address
- What happened? Be descriptive:
 - Date/time
 - Is the resident still in the facility? Does the problem still exist?
 - How did it happen?
 - Who else was involved? Staff, family, other residents, visitors, volunteers? Get names/contact info.

Reporting

- Have you taken any actions?
 - Did you speak to the Administrator, Dir. Of Nursing, manager, or any other staff? How did they respond?
- Has the facility tried to address the situation? How so?
- Has this happened before to the same individual, or to others? Provide any known specifics.

THANK YOU

Thank you for your help, and please continue to raise awareness and promote practices that reduce adverse events and improve care.