

Dissemination of Resident and Family Decision Guide,
Go to the Hospital or Stay Here? in CMS Region IV

Final Report

March 31st, 2020

Submitted by:

Ruth M. Tappen EdD, RN, FAAN
Christine E. Lynn Eminent Scholar and Professor
Christine E. Lynn College of Nursing
Florida Atlantic University
Boca Raton, Florida

The cost of hospitalizing a nursing home (NH) resident, both in terms of risk to the resident and financial impact on the health care system, is well documented. Quality improvement (QI) programs such as INTERACT™ and Evercare™ have been developed to assist NHs to reduce the number of potentially preventable hospitalizations (PPHs) of NH residents. Some benefit from these programs has been reported but their focus is primarily on early identification and management of acute changes in condition. They do not fully address one of the most intractable reasons for PPHs, resident and family insistence on hospitalization (Lamb et al. 2011) reported by NH staff to be responsible for a significant proportion (15 to 18%) of their PPHs.

Preliminary Work

With support from the Patient Centered Outcome Research Institute (PCORI), Dr. Tappen and her research team conducted interviews of 271 NH residents, families and providers to better understand the reasons for this insistence on readmission. The insights gained from these interviews were combined with their long term care expertise to create a novel patient decision aid *Go to the Hospital or Stay Here? A Decision Guide for Residents, Families, Friends and Caregivers* subsequently pilot tested in 16 South Florida NHs. The Guide was rated helpful or very helpful by 93% of the residents and families who received it. Those who received the Guide (N=95) had a better understanding of the risks and the benefits of rehospitalization, reported less decisional conflict and expressed a greater preference for remaining in the nursing home as opposed to being transferred to acute care when possible (Tappen et al. 2020). A small follow-up grant from PCORI allowed us to commission expert translations into Spanish, Haitian Creole, French, Filipino, Tagalog, and Mandarin Chinese and to create a website www.decisionguide.org where the Guide, audio recordings of the Guide, translations and information about the Guide can be found. We also created a smaller Tri-fold version of the Guide which has proven popular with many facilities.

Current Project

The challenge at this point was that only the most proactive, highly networked facilities would find their way to the Decision Guide website and implement the Guide independently. To widely disseminate this valuable work, \$800,000.33 in Federal Civil Money Penalty (CMP) funds were awarded to pursue this purpose supported by the eight states of CMS Region IV, Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and

Tennessee. Contract negotiations with each state and other pre-project activities resulted in start-up of the proposed project in September 2017. A no cost extension to complete data collection and analysis and this report of project activities resulted in a final completion date of March 31st, 2020. This report covers the time period September 2017 to March 31st, 2020.

The goal of the current project was to widely disseminate the Guide, bringing it to the attention of every Medicare-certified NH in the eight states of CMS Region IV.

Project Phases

Phase I.

To accomplish this goal in Region IV, we conducted a two phase project. In Phase I, we edited the Guide and smaller Trifold to conform to CMS specifications and incorporate State Advisors' suggestions. We also developed a package of training resources for the Region IV facilities eventually consisting of 13 training videos that explain the Guide and demonstrate use of the Guide, 4 case studies (a 5th case study was added in Phase II) and a guide to implementation first called the *Implementation Assistant* and now called *Best Practices for Implementing the Guide and Trifold*.

Once these preliminary preparations were completed, we piloted the training package and implementation of the Guide and Trifold in 16 Region IV Medicare-certified nursing homes in Alabama (N=2), Georgia (N=4), Kentucky (N=2), Mississippi (N=2), North Carolina (N=2), South Carolina (N=2), and Tennessee (N=2). Facilities were selected by our State Advisors with the following criteria from CMS in mind:

- include both facilities under 100 beds and those with 1010 beds or more
- represent rural, suburban and urban NHs
- include for profit, not-for-pilot and state-funded facilities
- may be state owned, hospital based or free standing

To prepare the pilot nursing homes, an orientation webinar was conducted and a carton of essential materials (sufficient Guides and Trifolds for their current resident population, a CD with the videos, copy of the Implementation Assistant and introductory letter from the Project Director) was sent to each facility prior to an onsite visit from the Project Director and/or Co-Director. During these interactive onsite visits, the following were discussed with the facilities' management team:

- Purpose of the Project:
 - ✓ The NH's hospital readmission concerns
 - ✓ Role of resident and family insistence
 - ✓ CMS policies and penalties
- Pilot homes' role in the Project:
 - ✓ Preparation of staff
 - ✓ Engagement of Providers
 - ✓ Distribution of Guide and/or Trifold to residents and families

- ✓ Use in Care Planning and conversations with residents and families
- ✓ Use of data input forms on website
- Discussion of the NH's plans to roll out the Guide and Tri-fold
- Feedback from participating pilot NHs

The final activities in Phase I involved calls to the pilot NHs to trouble shoot problems encountered and obtain reports of their experiences. The experiences of these Pilot NHs (Best Practices) were incorporated into the workshop presentations made in Phase II and in our final version of the Implementation Assistant now Best Practices for Implementing the Guide and Trifold.

Phase II.

Phase II involved the final planning, conduct of 20 regional workshops, collection of workshop-related data, evaluation of the workshops, final update of project materials and the website, final evaluation of project outcomes and preparation of a final report on the project as a whole.

Planning of the workshops began in the Fall of 2018. In consultation with our State Advisors, sites that could be easily reached by attendees, accommodate the expected audience and the multimedia presentation planned but remain within the budget requirements were selected. The number of workshops per state was determined by the geography of the state and estimated driving distances to the venues. Workshops were held in the following locations:

- Alabama
 - Birmingham
 - Montgomery
- Georgia
 - Alpharetta
 - Macon
 - Savannah
- Florida
 - Boca Raton
 - Plant City
 - Jacksonville
- Kentucky
 - Louisville
 - Kentucky Dam Village
- Mississippi
 - Jackson
 - Oxford
- North Carolina
 - Rocky Mount
 - Thomasville
 - Cullowhee

- South Carolina
 - Greenville
 - West Columbia
- Tennessee
 - Jackson
 - Nashville
 - Morristown

The workshops were interactive, involving participants in discussion of case studies and the vignettes in the training videos. These were incorporated into a three-hour PowerPoint presentation. Content of the presentation included the following:

- Welcome and Introduction to Project and Speakers
- Medicare's Value Based Purchasing, Hospital Readmission Reduction Initiative and Imposition of Penalties
- Issue of Family and Resident Insistence on Hospital Readmission
- Purpose and Development of Resident and Family Decision Guide and Trifold
- Implementation of the Guide/Trifold
 - Preparation of staff
 - Engagement of Providers
 - Distribution and Discussion with Residents and Families
- Staff and Family Education Resources
 - Thirteen training videos
 - Five Case Studies
 - Best Practices for Implementing the Guide and Trifold
- Working with Residents and Families who Insist on Rehospitalization
- Evaluation of Impact of Guide/Trifold use: Website Data Entry
- Website Address and Contact Information

Dr. Tappen led all of the workshops with project team members Dr. Hain or Ms. Southard of South Carolina's QIO or with representatives of the QIOs in several states including Tennessee and Georgia. Every Medicare-certified NH in each of the eight states received a carton of Guides and Trifolds, the videos uploaded onto a CD, Best Practices information sheet and an introductory letter from Dr. Tappen, the Project Director.

Announcement of the workshops was done via email to all the Medicare-certified NHs in the state by the State Advisors, project team and/or the state nursing home associations. Invitees included state ombudsmen, state agency representatives, hospital representatives and state long-term care organization representatives as well as the NHs. Continuing education credit was provided to nurses and nursing home administrators. Participants completed an evaluation of the speakers and the content at the conclusion of the workshop.

Although workshop participants were instructed on procedures for entering their data securely on the decisionguide.org website, few did this. As an alternate procedure, Survey Monkey forms were sent out several times but proved to be equally ineffective. Members of the project team conducted calls to each facility that sent representatives to one of the workshops. Although this yielded a smaller amount of information about each NH's experience with use of the Guide and Trifold, it was the most effective in terms of reaching a substantial proportion of workshop participants.

The results of these efforts are summarized in the next section of this report and detailed in the attached appendices.

Project Objectives

Project Objectives: Process

Phase I Activities:

Project Start-up: An interdisciplinary project team was assembled with representatives of nursing, nursing home administration, QIO leadership, doctoral students and an administrative assistant.

Edit Guide and Trifold: CMS representatives and state agency advisors discussed both the Guide and Trifold, suggested edits and reviewed the modifications made. The final lists of edits that were made to the Guide (version 2.0) may be found in Appendix 1.

Prepare Staff Training and Resident/Family Altogether 13 videos were created. The list of videos suitable for families and residents and a list of those suitable for staff training and their corresponding links are found in Appendix 2. Scripts for most of the videos (two are interviews with Dr. Tappen and Dr. Mims from the Georgia QIO for which there are no scripts) are found in Appendix 3. The videos are too large to append to this report but they may be found on the Project website, www.decisionguide.org or via YouTube links provided in the Appendix.

Prepare Evaluation Forms: Two sets of forms were developed. The first were the data collection forms, developed originally for secure data input on the Project website and later condensed for use via Survey Monkey and calls to the individual NHs that sent representatives to the workshops. The Implementation Assistant document was replaced by the Best Practices document for the workshops. (Appendix 9). These data collection forms may be found in Appendices 4, 5, 6, 7, 8, 10, 11, 12 and 13. The second set of forms were prepared for evaluation of the workshops, one version for nurses' continuing education credit, a second for the nursing home administrators. These may be found in Appendices 14 and 15.

Pilot Entire Package of Materials and Modify as Indicated: This was done with the 16 selected pilot NHs. Videos were edited based on feedback obtained when we showed them during our meetings with these NHs. Calls to the pilot homes after they had

implemented the Guide and Trifold yielded the information used in the first version of what is now our document called Best Practices for Implementing the Guide and Trifold document.

Phase II Activities:

Distribute the Guide and Trifold to all Region IV Medicare-Certified NHs: Working with our contractor (Med-Pass) the packages of modified materials (sufficient Guides and Trifolds for each resident, a CD with the final versions of the 13 videos, revised Best Practices document and cover letter from the Project Director) was sent to every Medicare-certified NH in each state approximately 2-3 weeks before the workshops were held in that state. Med-Pass took responsibility for packaging the materials and mailing them.

Hold Statewide Training Workshops: Twenty workshops were held in the eight states, Alabama (2), Georgia (3), Florida (3), Kentucky (2), Mississippi (2), North Carolina (3), South Carolina (2) and Tennessee (2). A sample PowerPoint presentation (with videos removed to reduce its size) may be found in Appendix 16. Attendance at each workshop may be found in a Table in Appendix 17.

Project Evaluation: Outcomes

Organized Project Team: Team members completed their IRB (i.e. CITI) training as planned. The Stakeholders (State Agency plus CMS representatives) Advisory Committee was convened and meetings were held approximately 10 times annually. Advisory Committee meeting notes may be found in Appendix 18.

Revised Guide and Trifold: The primary revisions (conform to CMS language, emphasize resident and family rights) were done prior to their distribution (Appendix 19). Several minor corrections to the Guide were made at the end of the Project as well. The final version edits were then done in the remaining five languages for both the Guide and the Trifold. The Guide and Trifold may be found in all six languages on the project website www.decisionguide.org.

Create Training Program: Altogether, 13 training videos, five case studies, a PowerPoint presentation and Best Practices document were created. These can be found in Appendices 2, 20, 21 and 9 respectively.

Develop Outcomes Data Collection Forms: These forms include the online NH Survey (Baseline characteristics), Lookback Tool (pre-implementation hospital transfers) and QI Tool (post-implementation hospital transfers and evaluation of their potential preventability) for the pilot NHs and a briefer online version for workshop participants, a condensed Survey Monkey data collection form for workshop participants and, finally, a telephone survey form. (Appendices 4, 5, 6, 7, 8, 10, 11, 12 and 13).

Pilot Study Nursing Home Outcomes: Originally, the plan was to conduct the pilot study in 6 NHs in 3 states but this was increased to 16 NHs in 7 states (AL, GA, KY, MS, NC, SC, TN). Three of these NHs lost their top management team within weeks of beginning the pilot study and could not participate. A fourth provided incomplete data and was dropped from the analysis. On average, the remaining 12 NHs achieved a 31.2% reduction in hospital transfers (see Appendix 22 for detailed information about the pilot NHs and the outcomes of the pilot study).

Modify Approach as Indicated: Feedback was obtained from all pilot NHs during the onsite visits and also during the follow-up calls. This feedback informed revisions of the Best Practices document and the videos. We included quotes about their experience and their readmission reduction achievements in the PowerPoint presentation for the workshops.

Distribute Guide, Trifold and Training Materials to all Medicare-certified NHs in Region IV: As indicated above, this material was sent out 2-3 weeks before the workshops in each state.

Conduct Statewide Trainings: Twenty workshops were conducted across the eight states. Overall they were very well received. Evaluations of the workshops may be found in Appendix 23.

Evaluate Project Effect on Family and Resident response to PPHs (Workshop Outcomes): Effect of Guide use on hospital readmissions and response of residents and families may be found in Appendix 24. Those participants we reached who were able to provide information on either the number of readmissions before and after implementing the Guide or the percent change in readmissions reported a significant reduction in PPHs when the Guide was implemented.

Report to Funding Agency: Quarterly reports have been sent every three months to state funders (SC requires a report every 4 months). This report constitutes the Final Report for the Project.

Summary and Conclusions

In summary, we edited the original Guide and Trifold to conform to CMS language usage and further emphasize the residents' and families' right to participate in decisions about the resident's treatment, produced an Implementation Tool Kit of videos, case studies and the Implementation Assistant and piloted our approach in 16 NHs of CMS Region IV. The 31.2% reduction in hospital readmissions suggested that use of the Guide/Trifold was an effective approach to reducing PPHs.

In the second phase of this project, we shipped these materials to every Medicare-certified NH in CMS Region IV and conducted half day workshops in each of the eight states. Reports from workshop participants further supported the effectiveness of the

Guide and Trifold in reducing resident and family insistence on hospital readmission. The facilities that were fully engaged in implementing the Guide, integrating it into their processes and systems and preparing both staff and providers on the use of the Guide found their residents and families better informed regarding the care that can be provided in the NH, more willing to remain in the NH for treatment when possible and less likely to insist on a medically unnecessary hospital readmission.

References

- Lamb G., Tappen R., Diaz S., Herndon L. (2011). Avoidability of hospital transfers of nursing home residents: perspectives of frontline staff. *J Am Geriatr Soc.* 59, 1665-1672.
- Tappen, R. Worch, S., Newman, D. and Hain, D. (2020). Evaluation of a Novel Decision Guide "Go to the Hospital or Stay Here?" for Nursing Home Residents and Families: A Randomized Trial. *Research in Gerontological Nursing.*