

Meeting Minutes

CMPQI Reinvestment Advisory Committee Meeting: July 20, 2018

Tennessee Tower Conference Room A: Nashville, TN

Attendees: Elizabeth Jones, Dr. Colin Chesley, Beth Hercher, Jesse Samples, Dr. Pamela Isom, Dr. Christian Williams, Katie Twiggs, Richard Robinson, Judy Powell, Madhuri Annam, Wanda King, Jennifer Trumbo, Sally Pitt, Chelsea Ridley, Jacy Weems

Welcome: Sally Pitt, Patient Care Advocate

Sally Pitt, Tennessee Department of Health Patient Care Advocacy, welcomed the group at 9:05 a.m. CST and led the group through individual introductions.

Review of Agenda: Chelsea Ridley, Director, CMPQI Reinvestment Program Director

Financial & Strategic Plan Overview: Chelsea Ridley, Director, CMPQI Reinvestment Program

Chelsea Ridley, Tennessee Department of Health, CMPQI Reinvestment Program Director, outlined the CMP collection and disbursement process and provided the overall fund amount. An overview of the 2018 Strategic Plan was provided and the future strategic planning process was reviewed.

Advisory Committee Expectations: Jacy Weems, Assistant Director, CMPQI Reinvestment Program

Jacy Weems, Tennessee Department of Health, CMPQI Reinvestment Program, Assistant Director, provided information about the expectations outlined by the CMP team of the advisory committee. Committee members then shared ways they felt the committee could be mutually beneficial and support efforts in their respective organizations while Chelsea Ridley took notes. Responses are provided below.

CMP Team Updates & Current Progress: Jacy Weems, Assistant Director, CMPQI Reinvestment Program

Jacy Weems, Tennessee Department of Health, CMPQI Reinvestment Program, Assistant Director, provided details about the current programmatic activities that are being done related to marketing, partnerships, trainings, and other relevant information.

Breakout Sessions: All committee members

The CMPQI Advisory Committee split into two groups and provided feedback for four designated questions. Responses to each question are below.

Conclusion & Wrap-up: Chelsea Ridley, Director, CMPQI Reinvestment Program Director

Next CMPQI Reinvestment Advisory Committee Meeting: September 25, 9:00 a.m.-10:30 a.m. CST

Discussion One: In what ways can the Advisory Committee and CMPQI team provide mutually beneficial services to the organizations that are represented?

- Training programs and strategy for utilizing CMP funds to train and impact direct care staff/Nurse aide training
- Technology for disbursement of Training
 - Tennessee Department of Health Learning Management System (LMS): Potentially buy more license for those across the state to view training through that system
- Tennessee Department of Health canned educational programs (evidence based)
- Technical assistance teams “super users” to assist first time or returning applicants navigate the RFA process and serve as mentors throughout the application process
- Educational opportunities related to residents rights for residents, families, caregivers, nursing home staff, and other community members
- More Alzheimer’s and Other Dementia Training for staff members, families, caregivers, etc.
- DNP and OT training
- Success, outcome, and impact sharing for each project through a common venue (newsletter, website, conference, etc.)
- Add a “sharing” component to contract as an expectation of award

Workgroups Question One: What feedback do you have related to the 2018 Strategic Plan?

- Addition of a Mission, Vision and Values for our program/office/organization
- Provide more clarification of composite scores: provide reference, background, and calculation
- Add process flow map outlining 5 year trajectory and measurement to each goal
- Unify focus priorities as a guide rather than limiting projects in order to maintain creativity among stakeholders
- Addition of a more comprehensive beginning and end
- Strategy 3 and 4: clarification to see where stakeholders may fit
- “Improving CMS Star Rating” – look at separate components involved in star rating (health inspections, staffing and patient satisfaction) and make specific measurable goals
- “Improving the number of quality applications submitted” – make this measurable – of those that attend Grant Writing workshops, how many apply? How many submit “quality” applications?

- Specifically addressing Alzheimer’s and other dementias – Since a large percentage of nursing home residents are affected by Alzheimer’s and other dementias, this should be incorporated into the strategic plan

Workgroups Question Two: What is the biggest opportunity for improvement in long-term care and how can CMP funds be used to fulfill that need?

- A more comprehensive population health approach
- Further collaboration with CMP program staff and surveyors “boots on the ground” experience to change punitive culture by implementing a conversation about the CMP program availability to address deficiencies
- Understanding turnover of staff between states with a more comprehensive ratio to resident requirement
- Understanding of quality improvement tools (lean, 6 sigma) to address the “task oriented” nature of staff in nursing facilities
- Training related to residents rights and patient access for all staff
- Collaboration between super users and potential applicants; creation of super user “teams” related to a specific topic
- Communication between staff, residents, and their families –
 - Communication among staff members at ALL levels – most frontline staff members receive a short amount of required training hours before starting their duties; when staff members change shifts, a lot of information tends not to get transferred – many staff members barely know patient rights because they receive such little training on it
 - Families to staff – staff members sometimes don’t regard families with as much respect as they should – families can often identify a UTI before staff members can because they are with that resident consistently but aren’t regarded with respect like clinicians are
 - Involuntary discharge – frontline staff often aren’t aware of patient rights which can lead to involuntary discharge i.e. refusal to take meds means not cooperating with plan of care, etc.
- Innovative strategies surrounding “patient-centered care”
- Preventing decline in functional status (ADL) and healthcare acquired infections

Workgroups Question Three: What focus area(s) do you feel like the CMP projects should focus on during 2019?

- Family and Resident Satisfaction: Exploration of a standard measure
- Workforce development and satisfaction survey
- Interpretation of “fall” and clarification training among staff members
- Align with national issue sand objectives: opioids

- Benefits enrollment education: targeted staff members and manage transitions
- Population health: palliative care and respite care
- Dementia/Alzheimer's
 - Promoting understanding of the symptoms and triggers associated with the disease – must start with CNAs and go upward
 - Abuse prevention – understanding why Alzheimer's/dementia patients exhibit certain behaviors so staff may respond appropriately
 - Avoiding hospitalizations – can be even more traumatic for Alzheimer's/dementia resident
 - Person-centered training in partnership with Alzheimer's Association
 - [Positive Physical Approach](#)
- Communication/Customer Service
 - Nursing services – relaying updates about patients to their families in a professional, compassionate fashion
 - Social and administrative services – discharge planning and advanced care planning – will respect patients' wishes regarding end of life services and prevent involuntary discharge situations
- Culture of nursing homes
 - Many still feel that nursing homes are where someone goes to die even when they may have many years ahead of them – caregivers may feel guilt for admitting a loved one – create more “home-like” environments
- Virtual workforce development options
 - Utilizing videos that can be watched at staff's convenience
 - Developing an informational “hub” for staff where they can find videos related to a variety of topics
- Programs to improve mobility and to prevent decline in function are being proposed in intensive care units, hospitals, and long-term care. These projects have shown some early success in maintaining function in improving outcomes. These models could be promoted for more widespread implementation in the long-term care environment.
- Programs to improve immunization rates particularly PCV 13 and the new shingle Rex vaccine in long-term care.
- Programs to promote removal of urinary catheters we will also facilitate reduction in healthcare facility associated infections.

Workgroups Question Four: How do you feel the CMP can support nursing facilities and/or organizations in pursuing CMP funding?

- Repository of evidence based practices and technical assistance

- Super users, mentors to help with application
- Transparency about what has worked in the past related to applications and projects in state and around nation
- Collaboration of surveyors and CMP team to disseminate information in exit interviews at nursing facilities
- Development of a list of collaborators (by expertise) to serve as project managers for grantees.
 - Assist with grant, intraprofessional, facilities that had similar issues, students (internships), etc.
- Nicer, more simple name
- Webinar with people who've participated: IHI model, potential stipend opportunity
- Page limit can be challenging: navigators
- Infographics: standardize
- Have applicants set parameters for their project (at one month, x activities should be completed) rather than dates – that way, if funding is delayed, their timeline for completion won't be affected
- Make sure CMP team communicates that contract dates can be changed to adhere to project timeline if needed
- Reach out to additional stakeholders
 - Tennessee Nursing Association
 - Board of Licensing Healthcare Facilities
- Mentorship
 - Allow applicants who may need additional assistance to be matched with a “coach” – previous/current grantee who has been through the process and can give guidance when needed
- Try to keep the RFA detailed enough, but not difficult – try to reiterate that message to potential applicants
- Workforce development opportunities & aligning partnerships
- Special Topics Webinar – community involvement i.e. training Volunteer Ombudsmen or feeding assistants (HCA, Vanderbilt/CMS)
- Social media/marketing campaigns promoting volunteer opportunities, patient rights (if able to be funded)
- Baseline of CNA satisfaction survey and to assess the needs of the front line staff
- Consider approaching the long-term care organizations including TNAHA, all institutions of higher learning in Tennessee (Medical, social and psychological sciences, business and process experts) and at the national level AMDA - the Society of Postacute and Long-term Care Medicine
 - To encourage members and faculty to engage in research and quality improvement projects in long-term care settings that enhance the quality of life and outcomes in this important focus of care.