

## TMF QIN-QIO Nursing Home Quality Improvement

## Changes to the Medicare QIO Program

- Case review, beneficiary complaint and appeals have been separated from quality improvement, creating Beneficiary- and Family-Centered Care (BFCC) QIOs and Quality Innovation Network (QIN) QIOs.
- All review-type activities are now handled by BFCC QIOs, KePRO, located in Seven Hills, Ohio, and Maryland-based Livanta.

## Changes to the Medicare QIO program

- The Centers for Medicare & Medicaid Services also moved to a regional approach for quality improvement work.
- The QIN-QIO contract for Texas, Arkansas, Missouri, Oklahoma, and Puerto Rico creates the TMF QIN-QIO.

## Changes to the Medicare QIO program



## TMF QIN-QIO

- We provide targeted technical assistance and will engage providers and stakeholders in improvement initiatives through numerous Learning and Action Networks (LAN).
- The networks serve as information hubs to monitor data, engage relevant organizations, facilitate learning and sharing of best practices, reduce disparities and elevate the voice of the patient.

## LANs

- LANs convene stakeholders, providers and improvement experts in an “all teach, all learn” model.
- Through the LAN, the TMF QIN-QIO’s networks provide educational webinars and conferences, encourage peer sharing, rapid testing of change ideas and support for adapting and spreading successful improvements.

## NHQI Network

LAN partnerships with providers and stakeholders

- Focus on improving quality of care
- Enhance consumer engagement
- Support innovation and sharing of successful strategies

## Goals for the NHQI Project

What are we trying to accomplish?

- Achieve a score of six or better on the Nursing Home Quality Composite Measure Score.
- Improve the mobility of long-stay residents.
- Decrease unnecessary use of antipsychotic medications.
- Decrease healthcare-associated infections and other healthcare-acquired conditions.
- Decrease potentially avoidable hospitalizations.

## NNHQCC Quality Composite Measure Score

The composite score is comprised of 13 long-stay QMs:

1. Percent of residents who self-report moderate to severe pain
2. Percent of high-risk residents with pressure ulcer
3. Percent of residents physically restrained
4. Percent of residents with one or more falls with major injury
5. Percent of residents who received antipsychotic medications
6. Percent of residents who have depressive symptoms
7. Percent of residents with a UTI
8. Percent of residents with catheter inserted or left in bladder
9. Percent of low-risk residents with loss of bowels or bladder
10. Percent of residents who lose too much weight
11. Percent of residents whose need for help with ADL has increased
12. Percent of residents assessed and appropriately given flu vaccine\*
13. Percent of residents assessed and appropriately given pneumococcal vaccine\*

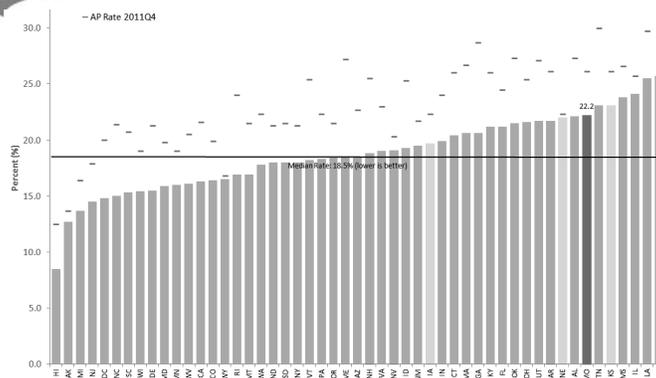
## NHQI Network – Project Benefits

Technical assistance with quality improvement

- Focused affinity group collaboration
- Individualized assistance with QI
  - › Understanding and using data to develop improvement projects
  - › Developing Root Cause Analysis and Plan, Do, Study, Act tests of change
- Peer mentoring program
- Assistance with Quality Assurance & Performance Improvement (QAPI)

## NHQI participants will:

- Participate in topics: composite score measures, antipsychotic medications, resident mobility and avoidable hospital admissions/readmissions.
- Submit a participation agreement signed by executive leadership.
- Initiate and annually update a QAPI Assessment Tool.



## Antipsychotic Effects

- Somnolence
- Worsening of Cognitive function
- Decreased Appetite
- Abnormal gait.
- Can lead to serious consequences such as weight loss and falls with serious injury

**We look forward the partnering with you  
on the journey to improve nursing home  
quality improvement!**

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