

Advancing Excellence: Engaging Nursing Homes through a Hands-on Approach and Shared Leadership: “Operation Groundswell”

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Request: All hands on board. Our goal is to enlist skilled nursing facility associations representing the Skilled Nursing Facilities (SNFs) across the Commonwealth of Pennsylvania to support a lay led initiative in order to build the capacity of SNFs to successfully conduct quality improvement initiatives.

Background: Modern quality assurance and performance improvement (QAPI) is only a 65 year-old movement and it has only been applied in earnest to the health care industry over the past 30 plus years. Even in the acute care setting where it is most mature, there are varying levels of sophistication. But, in the skilled nursing facility setting, it is in its infancy.

Challenge: Advancing Excellence (AE) is an initiative with a myriad of amazing resources and possibility. The structural design, however, may not incorporate an adequate “hands-on” support given the lack of experience of the professionals in the nursing home setting. We may be expecting too much of participants to go to the AE website, download the materials, initiate the programs and submit their results on a regular basis.

Working Hypothesis: We believe that we need to have a much closer connection with our providers. They likely need to “feel” that we are with them to support and encourage their efforts. Why do we think this will make a difference? What evidence is there that a 5-10% rate of data submission is less than optimal?

AMI-Depression Case Study. During the 6th and 7th Quality Improvement Organization (QIO) scope of work, QIOs’ conducted Institute of Healthcare Improvement (IHI) rapid cycle change collaboratives. Many collaboratives consisted of only a handful of participating hospitals. IPRO, New York’s QIO experimented with enlisting over 85% of the cardiac rehabilitation centers in the state (65/80) in a CMS AMI-Depression 2 ½ year special study. Sixty two (62) of 65 cardiac rehabilitation facilities completed the project (95.4% retention rate). The success is believed to have occurred in part due to the strong association support (NYSAC&PR), and regular communication/support between project staff and participants (4-6 week intervals).

PA Depression Collaborative Case Study. In 2012, a depression collaborative with 40 participating nursing homes was conducted across the Commonwealth of Pennsylvania. There was greater than 90% attendance at each of the four 1-hour webinars and greater than 90% submission of monthly data over an 8-month study period. The success of the collaborative is thought to be due in part to a strong connection between project leaders and the participants including: regular communication, mining for best practices, troubleshooting solutions to barriers, support and encouragement along with gentle reminder of data submission.

Is it possible to get 90% submission of data for each of our AE goals? Maybe; maybe not. However, we may be selling ourselves short with what can be achieved. How could we shift to a more active, “hands-on” approach and how can we do this with limited resources?

Early Adopters as Community Leaders. Nursing homes that have signed up for AE have demonstrated amazing initiative. Their actions are a strong indicator of their desire to improve the quality of the care and services at their home. What if we were to reach out and recognize their efforts and ask them to help lead? In addition, by way of a survey from the stake holding associations, we can send a brief survey to: 1) commend their initiative, and 2) offer to support their efforts toward maximal success as well as 3) ask them to allow us to contact them. This outreach can also function as the bridge toward triggering the more active engagement of our innovators.

Leadership Opportunities and Recognition – Creating an Ownership Shift. We believe that there is a need to strengthen our national healthcare quality improvement (QI) culture. How can we help our nursing homes appreciate that the AE initiative and QI is everyone’s responsibility? According to W. Edwards Demming, “Quality is everyone’s responsibility”. We could include the early adopters in our strategic planning process and reward/recognize their leadership in AE and celebrate their QI successes. Kotter (1996) a change theorist might add that we need to increase the “urgency” for change. We simply can’t afford to wait 20 to 30 more years to bring about substantial change.

We also need to resist the temptation to rely on “stick” as a motivating strategy. Current motivating strategies focus on the threat of potential deficiencies due to a lack of QAPI preparedness during the department of health survey process as well as a lack of preparedness in an accountable care organization (ACO) environment. We contend that there are plenty of opportunities to use the “carrot” to help motivate/encourage nursing homes to become activated in QI. We likely need to appeal to higher cause and understanding as well as us as leaders becoming more expert at organically grooming and fostering lay leadership.

Summary and Next Steps: What is clear is that the top-down approach alone isn’t bringing the results we need. New ideas and strategies are needed to engage nursing homes and a model of shared leadership must be considered. We have amazing professionals at AE, the LANES, QIOs and state SNF Associations. We can leverage these strengths, set the bar higher, test innovative approaches of shared leadership in order to free up hidden reservoirs of resiliency and initiative.

Operation Groundswell: A Pennsylvania Demonstration Model. Along with the National Association for Healthcare Quality (NAHQ) state affiliate, Southeastern Pennsylvania Association for Healthcare Quality (SPAHQ) providing leadership and support, we want to invite state associations (i.e., LeadingAge PA, HAP, PACH, and PACAH) to help with recruitment and provide logistical support for a Pennsylvania demonstration project.

Our goal is to create “Circles of Excellence” – utilizing the lay led leadership structure of an identified lead, facilitator, secretary, and treasurer. Individuals in these circles will be trained to conduct regular conference calls with the support of the stakeholders to share: best practices, lessons learned, barriers, and invite outside presenters on various general QI and AE goal specific topics. The outcomes will include increasing number of homes joining AE topic goals and submitting monthly data.

We are confident that this proposed “grass roots” approach will nicely complement our national efforts and create a powerful synergistic effect.