Oklahoma Dementia Care Network

University of Oklahoma Health Sciences Center, Section of Geriatrics

THE JOHN A. HARTFORD FOUNDATION
GWEP·CC
Geriatrics Workforce Enhancement Program Coordinating Center
MANAGED BY THE AMERICAN GERIATRICS SOCIETY

GWEP-CC CASE STUDY: THE JOURNEY TO AN AGE-FRIENDLY NURSING HOME

About Us

The Geriatrics Workforce Enhancement Program Coordinating Center (GWEP-CC) Case Studies present a broad range of cases drawn by Geriatric Workforce Enhancement Programs (GWEPs) and their primary care partners to take learners through their experiences implementing the 4Ms. Case study authors participated in the 2020 GWEP-CC Age-Friendly Health Systems Action Community and are recognized by the Institute for Healthcare Improvement (IHI) as an Age-Friendly Health System – Committed to Care Excellence (Level-2). The GWEP-CC, led by the American Geriatrics Society, is supported by The John A. Hartford Foundation, and serves as a strategic resource for the Health Resources and Services Administration (HRSA)'s GWEP programs.

For more information, please contact the GWEP-CC at GWEPCC@americangeriatrics.org.

The Oklahoma Dementia Care Network is a statewide collaborative effort focused on building healthcare workforce capacity to improve outcomes for persons living with Alzheimer's disease and related dementias. Our efforts to improve nursing home care for persons living with dementia include:

- Nursing home age- and dementia-friendly facilitation at 9 sites with 8 sites achieving recognition for being Committed to Care Excellence (Level-2)
- A robust academic-community-tribal network of collaborating dementia care partners
- In-service trainings with nursing homes throughout the state on 12 dementia-related topics
- Twice weekly Age-Friendly Nursing Home ECHO to address the care needs of persons living with dementia in the nursing home, using the 4Ms framework.
- Partnerships with Oklahoma vocational schools to train LPN and CNA nurse educators in dementia care best practices.

How We Are Adopting the 4Ms- Leading with Compassion- Love is Spoken Here

In March 2020, the age-friendly transformation began for 2 affiliated nursing homes, owned by Marsh Pointe Management LLC, in central Oklahoma serving the rural communities of McLoud (pop: 4217) and Harrah (pop: 6352). Within these nursing homes, 39% of their residents are over the age of 80. Both nursing homes received regular support from a dedicated quality improvement facilitator over a 2-year period. The facilitator provided education on the 4Ms (i.e., mobility, mentation, medications, and what matters most), guidance about how to adapt current workflows to incorporate 4Ms care, and facilitated QAPI (Quality Assurance and Performance Improvement) efforts and PIPs (Performance Improvement Projects). Facilitation visits were conducted in-person (when possible), virtually, and by telephone at least monthly with nursing home administration and staff. Each nursing home identified CMS long-term quality measures to focus on, mapped to the 4Ms. (Table 1) Quality measure performance was tracked monthly and reported back to sites. Resident level data was used to formulate root cause analysis to drive implementation changes. This quality improvement work continued despite challenges related to the COVID-19 pandemic. Here we present how these nursing homes approached each M and overcame barriers to improve quality measure performance (Figures 1 and 2) and achieve age-friendly recognition.

Age-Friendly Health Systems
An initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA).

AGS Geriatrics Healthcare Professionals
Leading Change. Improving Care for Older Adults.

CMS Long-Stay Quality Measures Mapped to the 4Ms of Age-Friendly Care

4Ms	CMS Long-term Care Quality Measures
What Matters Most	% of residents whose need for help with activities of daily living increased* % of residents who lose too much weight % of low-risk residents who lose control of their bowels or bladder % of residents with who have had a catheter inserted and left in bladder % of residents with a urinary tract infection
Medications	% residents who received an antipsychotic medication* % of residents who used antianxiety or hypnotic medication
Mentation	% of residents with behavioral symptoms affecting others* % of residents who have symptoms of depression
Mobility	% of residents experiencing one or more falls with major injury* % of residents whose ability to move independently worsened % of residents who were physically restrained % of high-risk residents with pressure ulcers

Legend: Existing CMS quality measures were aligned with each of the 4Ms and used to track progress and engage homes in this quality improvement project. Utilization measures (hospitalizations, ED visits) and vaccination measures are not included above. Each nursing home chose which measure (*) they wished to focus on for each M during the quality improvement facilitation support period.

What Matters Most:

Changes made:

- Asking new resident-centric questions about their care and living preferences upon admission and at regular intervals throughout their stay.
- Focused on reducing the number of residents needing ADL help

Impact: Asking about what matters most to the resident and including family members in the discussion builds trust between the family, resident, and staff and helps residents better adjust to their new home.

For example, by focusing on what matters most, a dietary aide was able to help a resident improve his nutritional status and socialize more with others. She made his favorite meals, including milk shakes, and used a boom box to play a country music playlist in the shared living area. The transformation of this resident's life was evident to all.

Marketing their engagement in age-friendly care transformation on Facebook has increased the number of families bringing their loved ones to tour the nursing home. They have also seen an increase in the number short-term respite stays.

Medications:

Changes made:

- Comprehensive medication review and using evidenced-based tapering regimens to reduce the use of high-risk medications in older adults.
- Focused primarily on reducing antipsychotic medication use.

Impact: Reducing the use of high-risk medications had a positive impact on other aspects of 4Ms care. For example, the reduction and eventual elimination of a resident's antipsychotic medication resulted in fewer daytime naps, increased participation in activities, and greater socialization with the other residents bringing him more connection and joy—meeting what mattered most to him and his family. He also ambulated more freely, had clearer thinking and improved mood, and stopped losing weight. A family saying, "*Thank you for bringing my loved one back*," is one of the biggest compliments a nursing home can receive.

Another resident, a 90-year old woman on hospice, improved her cognition and function so much so after stopping antipsychotics that she and her family decided to stop hospice care. She now enjoys participating in activities, listening to music, and has her appetite back. Her family feels this change has greatly improved her quality of life.

Changing the physician, floor nursing staff, and family members' mindset about the risk versus benefits of antipsychotic medications was the most challenging part of the implementation. This required greater education about the side effects of antipsychotics and more diligent use of an antipsychotic consent form to ensure families were adequately informed about risks.

Another important medication change made by both facilities was implementing opioid risk training for staff and having naloxone kits available for use as standard practice.

Mentation:

Changes made:

- Tailoring activities to include residents with decreased cognitive function to increase engagement.
- Focused on reducing dementia-related behaviors affecting others

Impact: Nursing leadership modeled this culture change to better adapt care practices and group activities to engage persons with cognitive impairment. As the DON stated, "*We are ALL family here*." This culture change included better identification of residents with cognitive impairment and mental health care needs as well as focusing on caring compassionately and being a family. The nursing homes used the BIMS and PHQ-9 as screening tools for cognitive impairment and depression, respectively.

Mobility:

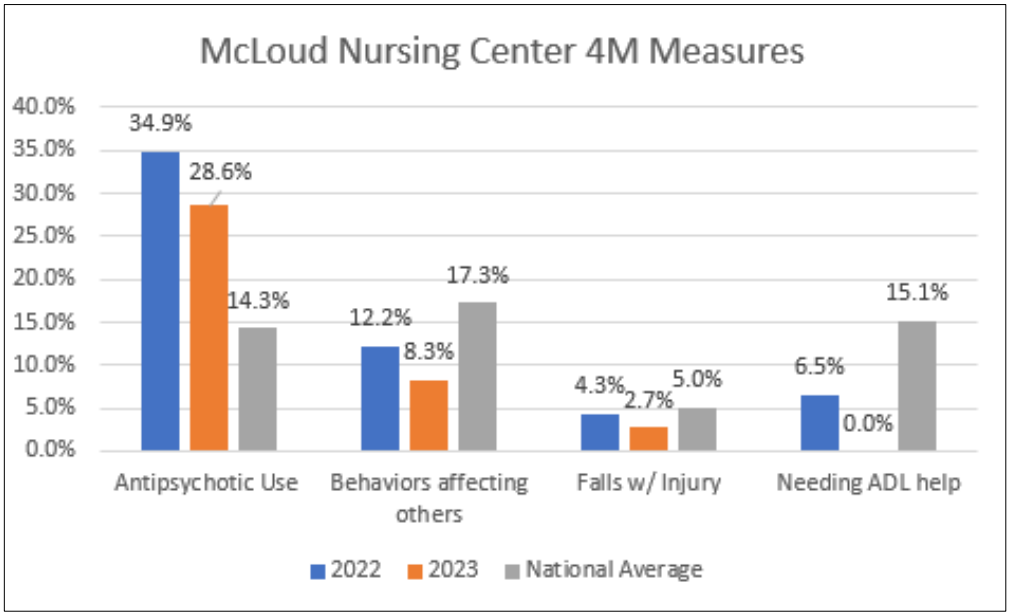
Changes made:

- Focused on reducing falls with major injuries
- Having a team huddle (Q&A session), conducting a root cause analysis, and planned intervention for each fall.
- Getting restorative aides involved immediately after a fall to help prevent future falls.
- Indicate the mode of resident transfer on all care plans.
- Administrator does walking rounds every morning.
- Activity Director is including more range of motion, fall prevention, and mobility exercises in group activities to promote safe, stable mobility.
- Regular medication review for medications that may be hindering stable mobility.

Impact: Both facilities have had small reductions in falls with major injuries and have changed staff culture

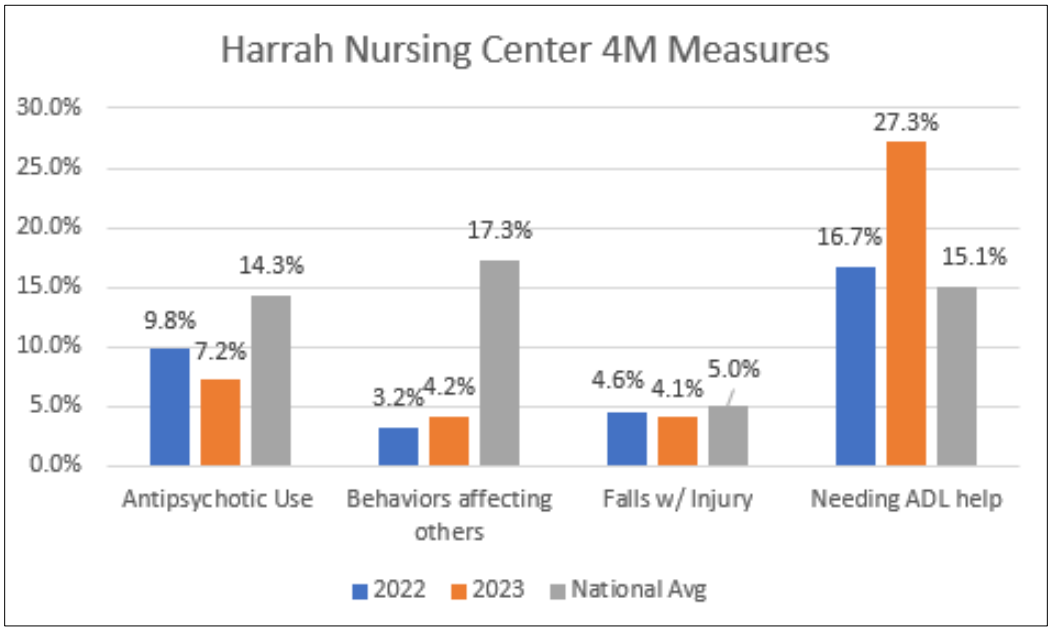
around best practices for promoting mobility and fall prevention.

Figure 1. McLoud Nursing Center Age-Friendly Quality Measures



McLoud Nursing Center showed improvement over one year in all 4M quality measures. Antipsychotic use decreased by 6.3%, behaviors affecting others decreased by 3.9%, falls with injury decreased by 1.6%, and the percentage of residents needing ADL help decreased by 6.5% with 0 residents indicating a greater need for ADL help. Compared to the national average, they performed better in all quality measures except antipsychotic use; improvement on this measure continues to be a key initiative of their quality improvement plan.

Figure 2. Harrah Nursing Center Age-Friendly Quality Measures



Harrah Nursing Center showed small improvement over one year in 2 of the 4M quality measures. Antipsychotic use decreased by 2.6%, falls with injury decreased by 0.5%, while behaviors affecting others increased by 1.0%, but was already low at baseline. Notably, the percentage of residents needing ADL help increased by 10.6%. This may have been related to staffing losses during this time. Compared to the national average, they are performing better in all quality measures except residents needing ADL help, and this continues to be a focus of their quality improvement plan.

Legend: Figures include data from July 1 to December 31, 2022 and January 1 to June 30, 2023. Improvement is indicated by a lower percentage of residents triggering the quality measure.

Next Steps

Incorporating age-friendly care strategies into practice using a quality improvement facilitation model currently continues at 3 other nursing homes partnering with the Oklahoma GWEP. Quality improvement tools (e.g., QAPI, PIPs, root cause analysis, team huddles) and ECHO sessions focused on the 4Ms are used to generate awareness of 4Ms care among residents and staff. Eight nursing homes partnered with the Oklahoma GWEP have attained Institute for Healthcare Improvement Level 2 (Committed to Care Excellence) Age-Friendly Recognition and 1 site is working toward Level 1 recognition.

Future Facilitation: Lessons Learned

Staff leaders at both nursing homes were interviewed about lessons learned in the age-friendly transformation process. Here is what they shared:

- Lead with compassion to always incorporate *What Matters Most.*
- Every life positively impacted is a goal achieved.
- Incorporate all 4Ms in individual resident care plans.
- Useful QI tools included:
    - Root cause analysis
    - Timelines
    - Tracking quality measures for each resident
    - White boards detailing care direction for each resident.
- Treating each staff member like family is critical for staff retention and improves the care provided and resident quality of life.
- Modeling a positive outlook can be infectious and rejuvenate staff.
- **Team Motto**: *"If you would not want your loved one to live here, what are the reasons why and what changes need to be made. You should be proud of where you work."*

Administration and Director of Nursing team for 22 years.

When the COVID-19 pandemic began, these small rural homes faced new challenges, as did all health care organizations nationwide. Throughout the pandemic, long-term care facilities struggled with staff retention, resident safety, family member visitation, and staff fatigue. These homes continued to use the 4Ms workflows put in place despite these challenges.

After nearly 2 years of engagement with the Age-Friendly initiative, staff members reflected on their achievements and lessons learned. Despite the challenges of the pandemic, these facilities were able to preserve their core staff teams of Administrators, Directors of Nursing, and shift leads. The consistency of staff leadership was key to achieving age-friendly care changes. Through much data analysis, hard work, and love and compassion for their residents, staff, and family members, both nursing homes were able to achieve Level 2 Age-Friendly recognition and plan to continue to make the 4Ms a central part of resident care practices.

As the Oklahoma GWEP expands the number of long-term care sites participating in age-friendly transformation, these lessons learned may help other rural nursing homes foster age-friendly care and ultimately improve health outcomes of older Oklahomans, particularly those living with dementia.

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