Civil Monetary Penalty Reinvestment Reporting Tool

Please select the report type or types you are submitting for this reporting period. Questions associated wtih each report type will appear. Please answer each question and/or upload the appropriate documents associated wtih each quesiton.

Please note that the "Program Expense Report" is included in your contract as Attachement 4 or Attachment 5, depending on when your contract was established. Please reference the CMP Reinvestment Program Instruction Packet if you have any quesitons related to reporting requirements.

Thank you!

Response was added on 10/29/2019 2:33pm.

Please select the type of report you are submitting. Select all that apply.	☐ Invoice Submission (Payment Form) ☒ Quarterly Narrative Report ☐ Quarterly Expense and Budget Report (Expenditure Form) ☐ Annual Expense and Budget Report ☐ Follow-up Monitoring Report ☐ Final Follow-up Monitoring Report (Summary Report)
Reporting Period:	July 1, 2019-September 30, 2019 (Example: January 1, 2019-March 31, 2019)
Is the report you're submitting a Q4 report?	◯ Yes ⊗ No
CMS Project Number	2019-04-TN-0108
TDH Contract Number	34305-24319
Project Name	Training and Assistance to Individualize Pain Management and Improve Opioid Safety in Nursing Homes
Project Contact Name	Amanda Ryan, PharmD, BCGP
Project Contact Email	aryan@qsource.org
If any agreements or subcontracts were developed to ensure completion of project activities, please attach.	
Total number of staff trained during this reporting period as a result of the project (If applicable):	43
Total number of staff trained during the entire duration of the project (If applicable):	43

REDCap

Project Category:	⊗ Direct Improvement to Quality of Care ◯ Resident or Family Councils ◯ Culture Change/Quality of Life ◯ Consumer Information ◯ Transition Preparation ◯ Training ◯ Resident Transition due to Facility Closure or Downsizing ◯ Other
Focus area:	☐ Healthcare-Associated Infections ☐ Emergency Preparedness ☐ Preventable Hospitalizations ☐ Improving nursing facilities' overall star rating ☐ Residents' Rights ☐ Quality Measures ☐ Culture Change ☒ Other
Please specify your area of focus:	Opioid Safety and Pain Management
Total approximate number of nursing home residents impacted through the project within the current reporting period:	Approximately 1800 nursing home residents were impacted through this project this quarter. Qsource estimated this number by using the denominator for Outcome Measure C: the number of residents assessed for opioid orders in participating facilities. (Total number impacted during the period you are reporting for)
Total approximate number of nursing home residents impacted through the project:	Approximately 1800 nursing home residents were impacted through this project overall thus far. (Total number impacted for all reporting periods)

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REDCap

Please provide a detailed description of project activities that have occurred during the reporting time frame.	During July, the Qsource team developed training materials in binders and provided them to participating facilities at in-person training sessions held in August. These materials were also provided virtually through an online resource portal (https://resourcehub.exchange/tnhpmosc/), which will be accessible to the participating facilities for the duration of the project.

Qsource developed an electronic invitation for the in-person training events. Weekly emails were sent to participating nursing home contacts including the Administrator, DON, Instructor, and team members so they could register for the sessions. Three sessions were offered at locations in the three regions of Tennessee. A registration link and venue information were included in the email so teams could identify what date and location they would attend. Qsource called nursing homes that had not registered by July 22nd to assist them with registration. If a nursing home team missed the session they registered to attend, Qsource called and emailed to offer the next training session locations.

All in-person training events occurred during August. There were 16 attendees representing eight facilities at the Knoxville training on August 6th, 13 attendees representing six facilities at the Murfreesboro training on August 8th, and 12 attendees representing seven facilities at the Jackson training on August 14th. Not all recruited facilities attended the in-person training. Five facilities did not attend and four decided not to proceed with the project. One facility that missed the training still wanted to participate, so Qsource provided an extended technical assistance call to provide training similar to the in-person session. There are currently 21 active facilities participating in the project.

Topics covered during the in-person training sessions included: (1) Background on Opioid Use in Nursing Homes, (2) Connecting Pain Management and Opioids to Quality Measures (3) Applying Opioid Clinical Practice Guidelines to Nursing Home Residents, (4) Understanding Specific Indications: The Key to Individualized Pain Management, (5) Types of Pain and How Residents Respond to different pain management treatments, (6) Communicating with Residents and Families about Opioids, (7) Your Multidisciplinary Team, (8) What Are Comfort Menus, (9) Beyond the 0-10 scale: Monitoring Resident Response to Pain Treatment, and (10) How This Project Can Fulfill Federal Quality Assurance and Performance Improvement (QAPI) Requirements and Align with Survey Requirements.

Facilities completed their baseline data collection prior to one-on-one technical assistance calls that began in late August. Data was received throughout the month of August and was reviewed by Qsource before each facility's one-on-one session. Follow-up data was completed in September. Data was collected via a spreadsheet

form that was emailed to the instructor at each facility.

Qsource started scheduling virtual technical assistance calls after the in-person trainings concluded. A Doodle poll was sent out to allow facilities to schedule the dates and times they preferred for their call. Seventeen technical assistance calls were conducted in August and September via GoToMeeting. The remaining facilities' calls will take place in early October, with a goal of having all completed by the end of October. During each call, the Qsource team reviews the baseline data with the facility's medication safety team. Opportunities for improvement are addressed regarding specific indications for opioid orders, processes to obtain specific indications, use of the Pain, Enjoyment, and General Activity (PEG) pain assessment scale and non-pharmacological pain treatments to include on a potential comfort menu. Example comfort menus are reviewed with the nursing home's team during these calls as well. Qsource offers to create a custom comfort menu for the facility if they wish. The majority of facilities have decided to work with Qsource to create a custom comfort menu and four facilities have already received theirs.

On September 25, Qsource hosted a summary webinar for participating facilities. The webinar included a recap of the in-person training with specific focus on next steps for the project, including how to use comfort menus and the PEG Scale. Qsource invited and encouraged participation from each facility's instructor, administrator, medical director, director of nursing, consultant pharmacist, lead certified nursing assistant, and the long-term care ombudsman.

What success stories have resulted from the project and how you plan to showcase successes with stakeholders?

Qsource was successful in recruitment for this project due to the relationships built over time with the nursing homes, the Tennessee Department of Health (TDH) and Tennessee Health Care Association. The nursing homes in TN have trust in Qsource and are excited to partner on improvement projects.

Qsource shares success stories from this project and best practices via technical assistance calls to ensure strategies are shared across all facilities. Successes were shared during the September 25th summary webinar, and will be highlighted on the Qsource website and social media. During the Outcomes Congress webinar in early April 2020, Qsource will showcase all successes and highlight performance of participants.

Some examples of successes shared by the facilities include:
1. One nursing home had success treating osteoarthritis pain with extended release acetaminophen instead of opioids for some residents. That same nursing home also began scheduling pain medications at bedtime and have reported success with this.
2. Another nursing home started using computers with Skype capability to allow their residents to video chat with their family members. This, along with other non-pharmacological options for pain, has improved pain management.
3. Another nursing home identified that a statin cholesterol medication was causing one resident's pain. After this was identified as the resident's source of pain, both the statin and opioids were discontinued and the resident is now reporting little to no pain.

What obstacles have you encountered while implementing the project and how you have overcome them?

Staff turnover continues to be a challenge during this project. To overcome this, Qsource requested that the facility identify a multidisciplinary team to work on this project. Qsource obtained names and emails for all team members to have a backup contact in case of turnover.

Communicating with the staff at the facility can be a challenge. Clinical staff are very busy and often don't have time to come to the phone or check emails. This can also make it challenging to get their monthly data collected and entered. Qsource encourages the team to identify someone who may not be "on the floor" caring for residents who could be a point of contact for us, as well as enter the data for them once collected.

Another obstacle was scheduling and conducting the technical assistance calls. Qsource sent a Doodle poll via email to allow facilities to choose the meeting day and time that worked best for them. Some facilities had technical difficulties completing the Doodle poll. To overcome this, Qsource took time and date requests over the phone or via email.

Qsource encountered that same technical difficulty challenge with entering the baseline data. The facilities received a link to a Smartsheet form to complete their baseline data. If the facility had difficulty utilizing that form, Qsource would take the numbers via telephone or email and enter them into the system.

Please provide any feedback that has been received from staff, family, or residents as a result of the project.	Qsource has received feedback from the staff throughout this project, especially at the in-person trainings and during the technical assistance calls. Here is feedback received in the comments sections of a satisfaction survey administered at the end of each in-person training session: The pharmacology-specific training was beneficial and new information. The facilities are excited and appreciative that this project involves follow up after the training to help ensure they stay on track. There were many positive comments about having the training in person, the speakers taking turns and being interactive, as well as encouraging questions and discussion. One opportunity that was brought up in the surveys is that this information would be very beneficial for prescribers in long term care. Here is additional feedback provided by facilities during technical assistance calls: For many of the facilities, it is their first time utilizing the PEG scale to assess residents' pain levels. Many facilities have shared that they really like this tool. It provides them with a better overall understanding of how the pain is affecting the residents' life, while still being easy for the nurses to use. Some facilities shared that gathering the specific indication data was eye opening. They hadn't realized how vague their indications were. This has helped them better identify if their treatments and therapies are appropriate.
Please list any project deliverables that are outlined in the project description and provide a status update for each deliverable.	Attend grantee training session if offered:⬜TDH attended the in-person training session in Murfreesboro on August 8, 2019. Quarterly Narrative Progress Report (Q2): Report is being submitted via REDcap. Quarterly Expense & Budget Reports (Q2): Report is being submitted via REDcap. Quarterly Invoice (Q2): Submitted invoice to receive the budgeted FY20 funding on 7-23-19
Please attach any materials, meeting minutes, or attendee lists that have resulted from the project. Examples: toolkits, process documents, training materials, marketing materials, photos, etc.	[document]
Do you have additional materials to upload?	⊗ Yes ◯ No
Please upload any additional materials.	[document]

Please upload any additional materials.   [document]

Please list the major goals and objectives of the project and describe what progress has been made in achiving these goals and objectives.

During this reporting period, Qsource collected baseline data (August) and initial remeasurement data (September) for participating facilities. Data entry forms were created within the Smartsheet application. Hyperlinks to those forms were emailed out to facility instructors. The instructor entered data via those links and it came directly back to the data analyst at Qsource.

All major goals and objectives are listed below, along with baseline and September data. Additional detailed information is provided in the attached graphs and data displays.

Outcome Measure A: Change in Pain Management Knowledge Before and After In-Person Training. Goal: 25% aggregate improvement on all questions from pre-test to post-test given before and after in-person training. Results: 50% improvement between the pre and post-test.

Process Measure A.1 and A.2: Number of In-Person Training Participants Completing Pre-Test Goal: At least 20 in person training participants completing pre and post-tests, with at least one participant from 20 facilities. Results: A total of 41 pre and post-tests were completed. This includes 13 in Murfreesboro, 16 in Knoxville and 12 in Jackson.

Outcome Measure B: Number of Non-Opioid Pain Treatments Offered Goal: 25% relative improvement rate (RIR) of total number of non-opioid pain treatments offered Results so far: Baseline data collected shows an average of 5 non-opioid pain treatments being offered. September data shows 12 treatments, which is a 140% RIR.

Process Measure B.1: Proportion of Specific Pain Indications for Residents on Opioids Goal: 15% RIR proportion of specific pain indications for residents on opioids Results so far: Baseline data shows that 30% of indications collected were specific. (Total of 27 for 90 residents assessed at 18 nursing homes.) September data shows 45% of indications were specific, a 50% RIR.

Process Measure B.2.: Proportion of SNFs Using a Comfort Menu Goal: 50% of participating facilities utilizing a comfort menu Results so far: Baseline data shows 22% of facilities utilizing a comfort menu. September data shows 33% of facilities.

Outcome Measure C: Percent of Residents with at Least One Order for Opioids Goal: 5% RIR of residents with opioid orders Results so far: Baseline data shows 41% of residents have opioid orders at the participating facilities (770 residents of 1865 total across 18 facilities). September data shows 43% of residents have opioid orders (a -5% RIR).

Outcome Measure D: Patient Satisfaction with Pain

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Management as Measured by the PEG Scale
Goal: 5% RIR in patient satisfaction with pain management as measured by the PEG Scale
Baseline data shows a PEG score of 5.05 (Average PEG score across 17 homes, 5 residents assessed per NH). September data shows a PEG score of 4.37, a 13% RIR.

Results Measurement(s): Please indicate what measurement methods you are utilizing to track progress and project success. Please share results measurement activities that have occurred during this reporting time period.	During this reporting period Qsource collected baseline data for each active participating facility. Data entry forms were created within the Smartsheet application. Hyperlinks to those forms were emailed out to facility instructors. The Instructor entered data via those links and it came directly back to the data analyst at Qsource. Pre and Post tests were conducted at the in-person training events to track the change in pain management knowledge before and after the training. There was a 50% improvement in pain management knowledge after the in-person training.
Please upload any relevant data or graphs related to project outcomes or success.Please segment all data as appropriate. Examples: -Unidentified MDS data for residents participating in the program before and after implementation; -Infection rates at baseline and after project implemenation; -Number of particpating residents each quarter; -Pre and post survey results; -Costs savings.	[document]
Do you have additional results measurement documentation to upload?	◯ Yes ⊗ No
Do you anticipate any changes to your evaluation methods, expected outcomes, or timeline for the next reporting period?	◯ Yes ⊗ No

Please provide a detailed description of the expected activities that will occur during the next reporting period.	Monthly data collection is ongoing. Qsource will monitor and identify facilities that may need additional technical assistance and reach out to them. In addition, Qsource will monitor overall data trends and provide tools and resources to participating facilities as needed based on those trends.

Qsource will continue to develop comfort menus for the facilities that request one.

Qsource will continue to hold one on one technical assistance calls and has offered to conduct as many as the facilities would like.

Qsource will continue drafting a sustainability plan.

Qsource will host a site visit with TDH on 10/23/19 to discuss project progress. |
| Please indicate what assistance the Tennessee CMP Reinvestment staff can provide to help you achive your project goals and objectives. | No needs identified at this time, but thanks for the help so far and Qsource will reach out if needed. |