

Breakthrough Community on Dementia Care

Program Overview

Background

As part of its continued commitment to the nation’s most vulnerable populations, the Centers for Medicare & Medicaid Services (CMS) has launched the Civil Money Penalty Reinvestment Program (CMPRP), a multi-year effort to drive improvements in quality of life and quality of care for nursing home residents.

The CMS CMPRP Breakthrough Community is a free, voluntary, and customized healthcare improvement program that is based upon a model designed by the Institute for Healthcare Improvement (IHI). Its goal is to achieve “breakthrough” improvement in nursing homes that may be experiencing challenges in one of two program areas: reducing adverse events and/or improving dementia care. The CMPRP Breakthrough Community on Dementia Care will use the Breakthrough Community model to engage nursing homes over the course of approximately one year to improve dementia care, with a focus on ensuring appropriate use of antipsychotic medications. The CMPRP Breakthrough Community on Dementia Care is a fully voluntary, collaborative learning environment for participating nursing homes.

Members of the CMPRP team will work with each selected nursing home to establish a core team of frontline staff and leadership who will participate in learning events. The core team will then share their knowledge with colleagues and engage a broader team in the testing and implementation of changes in the participating nursing home. The nursing home core team will be responsible for establishing a multidisciplinary improvement team—comprising nursing home physicians, nurses, nurse practitioners, certified nursing assistants, and administrators—to drive tailored improvements in quality of life and quality of care for their residents.

Key Components

The CMPRP team will actively support nursing homes throughout the Breakthrough Community on Dementia Care activities. As part of this opportunity, nursing homes will be invited to engage in the following ways.

<i>Onboarding</i> <small>Late Summer 2018</small>	<ul style="list-style-type: none"> • Using a Quality Assurance and Performance Improvement (QAPI) framework: <ul style="list-style-type: none"> ○ Complete an assessment of the nursing home’s current strengths and opportunities ○ Identify potential interventions relevant and meaningful to each nursing home
<i>Learning Sessions</i> <small>Starting Fall 2018</small>	<ul style="list-style-type: none"> • Participate in three one-day learning sessions
<i>Ongoing Support</i>	<ul style="list-style-type: none"> • Attend twice monthly learning and tele-mentoring sessions • Access a wide range of online quality improvement tools and resources
<i>Action Periods</i>	<ul style="list-style-type: none"> • Help test and evaluate promising interventions to rapidly identify which can be implemented or adapted to drive improvement in the nursing home • Report progress on interventions tested, lessons learned, as well as process and outcome data to guide improvement each month • Share information on cases, join facilitated peer sharing and learning events, and receive expert coaching to enable study and implementation of interventions
<i>Monthly Leadership Calls</i>	<ul style="list-style-type: none"> • Participate in monthly calls with nursing home leaders to focus on strategic aspects of improvement and overcoming challenges

Breakthrough Community on Dementia Care

Impact

Nursing homes that participate in the Breakthrough Community on Dementia Care will be provided with resources and a structured setting to focus on quality improvement work with the aim of ensuring appropriate use of antipsychotic medications and improving person-centered care for residents with dementia. Furthermore, interventions that are tested in the Breakthrough Community may ultimately be used to support nationwide quality improvement in nursing homes.

Program Logistics

Completing and submitting this application will serve as an indication of your nursing home's interest to participate in the Breakthrough Community. Interested nursing homes are encouraged to apply early. The first learning session for the Breakthrough Community on Dementia Care will take place in the fall of 2018. Nursing homes are expected to attend learning sessions in one of the locations provided across Region 5 (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin).

The CMPRP team will provide updates regarding the Breakthrough Community design as well as additional details regarding the dates and locations of the learning sessions to the email address applicants provide in this application. To avoid having emails regarding the CMPRP Breakthrough Community be inadvertently diverted to Spam folders, please add cmp-info@cms.hhs.gov to your email contacts.

Participation Expectations

Participating nursing homes are expected to:

- Ensure full participation of a core team in the Breakthrough Community, including attending all learning events and monthly calls or webinars. At least two members of the core team must be senior leaders (e.g. Nursing Home Administrator (NHA), Director of Nursing (DON), Assistant Director of Nursing (ADON), or Medical Director).
- Engage in quality improvement efforts, including rapid cycle testing of interventions (Plan-Do-Study-Act (PDSA) cycles), during action periods between learning sessions.
- Provide monthly reports including a short narrative report describing interventions tested, lessons learned, and process and outcome data for learning. Data will help teams identify which interventions are having the desired impact in their nursing homes and will aid CMPRP faculty in coaching teams; data will not be used for any punitive, survey, or other regulatory purposes. Where possible, CMPRP will seek to minimize nursing home data gathering requirements by incorporating measures already collected and reported on by participating nursing homes.

Breakthrough Community on Dementia Care

Program Application

How to Submit an Application

Note: Applications should be completed by a senior leader at the nursing home, (e.g. Nursing Home Administrator (NHA), Director of Nursing (DON), Assistant Director of Nursing (ADON), or Medical Director).

Step 1: Complete the Nursing Home Details and Nursing Home Questions sections below.

Step 2: Save and send the document to cmp-info@cms.hhs.gov. The application deadline is July 20, 2018.

Step 3: CMPRP will use the email address you provide below to add your nursing home to a list of nursing homes interested in participating in the Breakthrough Community on Dementia Care. Additional details regarding the dates and locations of the learning sessions will be sent to this email distribution list after the application period ends. To avoid having emails regarding the CMPRP Breakthrough Community be inadvertently diverted to Spam folders, please add cmp-info@cms.hhs.gov to your email contacts.

Nursing Home Details

Nursing Home Name

Nursing Home Provider ID

Contact Name

Title

Email Address

Physical Address

City

State

Zip

Phone Number

Nursing Home Questions

1. Please describe your nursing home. Responses will be used to ensure the recruitment of a diverse range of nursing homes.

What percentage of residents living in your nursing home are long-stay residents?

less than 50% 50%-90% more than 90%

How long has your nursing home's current Administrator been in place?

less than 1 year 1-2 years more than 2 years

How long has your nursing home's current Director of Nursing (DON) been in place?

less than 1 year 1-2 years more than 2 years

Breakthrough Community on Dementia Care

On average, what percentage of your residents have a diagnosis of dementia? less than 5% 5%-10% 11%-20% 21%-30%
 more than 30%

2. The CMPRP team wants to help your nursing home achieve improvements in quality of life and quality of care. Breakthrough Communities offers an interactive and innovative forum that can help you address barriers that have been issues in the past and empower your staff to implement best practices for dementia care. What does your nursing home hope to accomplish as a participant in this Breakthrough Community as it relates to improving care for residents living with dementia? Please be specific, including data where available.

3. Please describe the improvement effort(s) your nursing home has participated in to ensure appropriate use of antipsychotic medications in the past two years, including any challenges encountered, and your nursing home's results, in a brief paragraph.

4. Is your facility participating in any programs or initiatives funded by a state CMP grant?

Yes No I don't know

If so, please briefly describe the efforts below.

Breakthrough Community on Dementia Care

5. How engaged is your nursing home with quality improvement support organizations in your state? (e.g. Quality Improvement Network-Quality Improvement Organization (QIN-QIO), State Dementia Care Coalitions, American Medical Director Association (AMDA), Culture Change Organizations, American Healthcare Association (AHCA), LeadingAge, etc.). Please describe in a brief paragraph.

6. What type(s) of support have been most helpful to your nursing home? Check all that apply.

- Webinar training
- In-person training
- Tools (i.e. the Situation, Background, Assessment, Recommendation (SBAR) communication tool)
- Virtual coaching
- In-person coaching
- Other:

You may provide additional details about the types of support that have been most helpful to your nursing home here:

7. Please list the names and titles of the people most likely to participate in the Breakthrough Community. This will be the core team that will join learning sessions and monthly calls and should include at least two senior leaders (e.g. Nursing Home Administrator (NHA), Director of Nursing (DON), Assistant Director of Nursing (ADON), or Medical Director). We encourage nursing homes to involve additional team members. Please list at least one name.

- 1.
- 2.
- 3.

Thank you for completing the CMPRP Breakthrough Community application.

Breakthrough Community on Dementia Care: FAQs

Q1. What is CMPRP?

- The Civil Money Penalty Reinvestment Program (CMPRP) is a multi-year effort to foster and sustain a culture of quality of life and quality of care in the nursing home environment. Specifically, the program is designed to help reduce adverse events, improve dementia care, and improve staffing quality, including the reduction of turnover.

Q2. What is a Breakthrough Community?

- A Breakthrough Community is a free, voluntary, and customized healthcare improvement program that is based on a model designed by the Institute for Healthcare Improvement (IHI). Its goal is to achieve “breakthrough” improvement in nursing homes that may be experiencing challenges in one of two program areas: reducing adverse events and/or improving dementia care. Nursing homes work with peer nursing homes to test interventions that will lead to improvement in quality of life and quality of care for residents of nursing homes.

Q3. What is the Breakthrough Community on Dementia Care?

- The Breakthrough Community on Dementia Care is a free, voluntary initiative for nursing homes to work with peer nursing homes to test interventions that will lead to improvement in quality of life and quality of care for residents of nursing homes with dementia. The Breakthrough Community will last approximately one year.
- The Breakthrough Community on Dementia Care will use the Breakthrough Community model (see Question 2 above) to engage nursing homes in the application of evidence-based interventions to ensure the appropriate use of antipsychotic medications and improve person-centered care for residents living with dementia.
- The CMPRP team will work with selected nursing homes to identify potential interventions that are meaningful to each nursing home. Throughout the Breakthrough Community, the CMPRP will support nursing homes with a variety of tools, resources, and expert engagement to test and evaluate promising interventions. Peer-sharing on calls and during learning sessions will facilitate learning.

Q4. Why should my nursing home participate in the Breakthrough Community?

- The Breakthrough Community on Dementia Care will provide participating nursing homes with resources and a customized format to focus on improvement topics within their own nursing home. The Breakthrough Community also offers collaborative opportunities for peer nursing homes to share best practices.
- As part of the Breakthrough Community, nursing homes have the opportunity to support nationwide change. Quality improvement interventions that are tested in the Breakthrough Community on Dementia Care and found to be impactful will ultimately be documented and may be disseminated nationally.

Q5. If my nursing home is accepted into the Breakthrough Community, what are the participation requirements?

- Core teams from participating nursing homes are expected to attend all learning events as well as monthly calls or webinars.
- Participating nursing homes must engage in quality improvement efforts, including rapid cycle testing of interventions (Plan-Do-Study-Act (PDSA) cycles), during action periods between learning sessions.
- Nursing homes will submit monthly reports, including a short narrative report describing interventions tested and lessons learned as well as process and outcome data for learning. Data will help teams identify which interventions are having the desired impact in their nursing home and will aid CMPRP faculty in coaching teams; data will not be used for any punitive, survey, or other regulatory purposes.

Disclaimer: Participation in the Breakthrough Community is not mandated by CMS, nor does participation ensure regulatory compliance.

Breakthrough Community on Dementia Care: FAQs

Q6. Which individuals at my nursing home will be involved?

- The CMPRP team will work with each selected nursing home to establish a core team of 2 to 3 front line staff and leadership who will attend learning sessions. At least two members of the core team must be senior leaders (e.g. Nursing Home Administrator (NHA), Director of Nursing (DON), Assistant Director of Nursing (ADON), or Medical Director).
- The nursing home core team will then establish a 4 to 5 person, multidisciplinary team comprising nursing home physicians, nurses, nurse practitioners, certified nursing assistants, and administrators to aid in the testing and implementation of interventions in the nursing home. Which individuals participate on the multidisciplinary team will depend on which improvement topic the nursing home has selected as its focus.

Q7. My nursing home recently took part in a statewide learning collaborative. Can my nursing home still participate?

- Yes. In states that have recently hosted their own learning collaborative, CMPRP will work with the state to ensure a seamless transition for nursing homes and to tailor the curriculum to build upon nursing homes' previous efforts.

Q8. Will nursing homes be penalized for not applying to the Breakthrough Community?

- No. Nursing homes that choose not to apply for the Breakthrough Community will not be penalized.

Q9. What data will my nursing home be expected to collect during the Breakthrough Community?

- Nursing homes will submit monthly reports that include process data collected on the interventions that it has chosen to test in order to guide learning. The exact measures collected by the nursing home will depend on the improvement topic that the nursing home has selected. Data will be used by nursing home teams and CMPRP faculty for learning only.

Q10. How will the results of the Breakthrough Community be used?

- The data collected by nursing homes will be used to inform nursing homes' individual learning. Data will help teams identify which interventions are having the desired impact in their nursing home and will aid CMPRP faculty in coaching teams; data will not be used for any punitive, survey, or other regulatory purposes.
- Teams that successfully identify innovative techniques or interventions through the Breakthrough Community will be encouraged to act as mentors to other nursing homes locally and nationally.

Q11. Where and when are the learning sessions?

- Nursing homes will be expected to attend learning sessions in one of the locations provided across Region 5 (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin) beginning in the fall of 2018. CMPRP will provide email updates regarding Breakthrough Community design as well as additional details regarding the dates and locations of the learning sessions after the application period ends.

Q12. If my nursing home can't participate in any learning sessions, can it still be involved?

- Attendance at the learning sessions is a requirement for participation in the Breakthrough Community on Dementia Care. At least two members of the core team, including two senior leaders, are required to attend.

Breakthrough Community on Dementia Care: FAQs

Q13. Outside of the learning sessions, what is the time commitment expected of nursing homes?

- Outside of the learning sessions, regular activities include participation on two calls per month, running improvement tests, and coordinating internal meetings. The total time commitment expected of nursing home teams is estimated to be the equivalent of one full-time employee spread across multiple team members.
- The Breakthrough Community on Dementia Care is expected to last approximately one year.

www.cms.gov • CMP-info@cms.hhs.gov