

# CMP Fund Program: Projects

## *Civil Monetary Penalty (CMP) Revolving Fund Program for the Protection of the Health or Property of Nursing Home Residents O.S. §63-1-107.4*

CMP Funds are civil monetary penalties collected from nursing homes and redistributed by the Centers for Medicare and Medicaid (CMS). States are tasked with selecting and monitoring projects and programs in accordance with state statute §63-1-107.4 and CMS guidance, 42 CFR 488.43. Projects typically receive funding approval as singular events or as programs lasting up to three years with multiple phases.

### CMP Fund Program Development

Provided by OSDH, PHS: Develop the CMP Fund Program with a strategic approach to protect the health or property of residents of nursing facilities. The program’s goal is to improve the quality of life for residents by delivering evidence based practices into nursing homes. A strategic allocation plan with targeted areas of improvement (funding domains) has been created and approved. Funding domains were selected based on Oklahoma’s current performance related to the 13 metrics of the CMS Composite Score and organizational goals set forth by the Advancing Excellence campaign.

Results: A full time Health Facilities Consultant was hired to manage the program in May 2016. Planning and program development continues with stakeholders. A contractors virtual network, and RFP informational sessions were launched in May 2016.

OSDH-CMP Program	SFY17	SFY18	SFY19
Approved Budget	\$109,400	\$109,400	\$109,400

### OFMQ & Long-Term Care: Partnering to Reduce Healthcare Acquired Conditions

Provided by OFMQ: Approved for three phases over three years, the project includes regional trainings open to all nursing homes and dedicated quality improvement (QI) work with selected nursing homes to address Pain, Falls, UTIs, and Pressure Ulcers.

Results: To date, over 350 staff from nursing homes have attended the regional trainings that were held in McAlester, Oklahoma City, and Tulsa. During the first phase, 43 homes were recruited and 38 homes finished the program. Phase two has increased recruitment (~60 homes). Relative rates of improvement in the four focus area are illustrated in the figure below.

<b>Measure: Improvement from baseline in S/R Pain</b>			<b>Measure: Improvement from baseline in falls with major injury</b>		
<b>Period Ending</b>	<b>Goal</b>	<b>Actual</b>	<b>Period Ending</b>	<b>Goal</b>	<b>Actual</b>
Baseline	25.2% ← Baseline		Baseline	7.5% ← Baseline	
Re-measurement	<25.2%	21.0%	Re-measurement	<7.5%	6.1%
<b>Measure: Improvement in PrU</b>			<b>Measure: Improvement in UTIs</b>		
<b>Period Ending</b>	<b>Goal</b>	<b>Actual</b>	<b>Period Ending</b>	<b>Goal</b>	<b>Actual</b>
Baseline	13.5% ← Baseline		Baseline	14.2% ← Baseline	
Re-measurement	<13.5%	7.2%	Re-measurement	<14.2%	10.1%

Notes: This program is approved for three years of funding, currently in year three.

OFMQ-HAC	Year 1	Year 2	Year 3
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Approved Budget	\$396,309	\$597,650	\$634,980
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### NICHE: Nurses Improving Care for Health System Elders

**Provided by Geriatric Collaborative Services:** Provided an intensive curriculum based on NYU's NICHE training program to roughly half of the staff in two different nursing homes.

**Results:** The training was offered to all levels of staff. Oklahoma is the first in the nation to graduate a cohort from the immersion program, which consisted of lecture, didactic, and clinical application rounding. Of the 86 graduates on August 11, 2015, most were CNAs, LPNs, and RNs. The two nursing homes were sponsored by St. Francis, a NICHE member in Tulsa, OK. The training program improves early recognition of geriatric syndromes and chronic disease in older adults and changes the culture of the nursing home by increasing respect among staff through the credence the training lends to other levels of staff licensure. The project will be followed over time to compare clinical outcomes of the facilities to the baseline data so as to determine effectiveness and sustainability in the culture.

*As this program affects the entire scope of care, project success is measured by looking at the relative improvement of the composite score at the facility level. (National Nursing Home Quality Care Collaborative of CMS has a composite score goal of 6.0 or less, less is better, OK average 12/31/15~ 9.8.)*

Nursing Home	Baseline Period	Baseline Composite Score (before program)	Remeasurement Period (1) Program phase 1 complete	Remeasurement Period (1) Comp. Score	Remeasurement Period (2) Phase 1 +4 months	Remeasurement Period (2) Comp. Score	Remeasurement Period (2) Phase1+ 7 months	Remeasurement Period (2) Comp. Score	Relative Improvement Rate Change in %
A	1/31/15	11.19	8/31/15	14.42	1/31/16	11.51	4/30/16	7.66	-31.55%
B	1/31/15	7.93	8/31/15	7.13	1/31/16	6.51	4/30/16	5.36	-32.41%
C	4/30/16	6.32	12/31/16		3/31/17		6/30/17		
B-Phase 2	4/30/16	5.36	12/31/16		3/31/17		6/30/17		
A-Observ.	4/30/16	7.66	12/31/16		3/31/17		6/30/17		

Home A: Work began January 2015. The facility composite score improved (relative improvement rate) by approximately 31.5%. Near the end of Phase 1 this home experienced turnover in key staff (administrator and others). This home discontinued in December 2015 due to shifting priorities, but it is clear that as staffing stabilized the phase one training was applied effectively. Will continue surveillance to determine sustained results.

Home B: Work began January 2015. The facility composite score improved (relative improvement rate) by approximately 32.41%. This home began Phase Two of the NICHE training in April 2016.

Home C: Joining in the project year two for Phase 1 activities in August 2016, the baseline composite score is 6.32% for the period ending 4/30/2016.

**Notes:** This program was funded for two years. One nursing home continues into phase two (Leadership), one home from 2015 discontinued participation, and a new home has joined in 2016 with an improved phase one that leverages online learning. It is not uncommon to see increased reporting that shows as increased prevalence during the startup phase of a program (often referred to as the Hawthorne Effect). The long-term impact of the program for homes A and B indicate a hardwired culture change with sustainable quality improvements rooted in the facility. Monitoring will continue.

GCCS- NICHE	Year 1 (2 * Phase1)	Year 2 (1 * Ph1, 1*Ph2)	Year 3
Approved Budget	\$150,009	\$240,752	n/a

### Medication Safety in Long-Term Care

Provided by OFMQ: This project assisted four nursing homes in year one, expanding to eight homes for year two, and twelve in year 3. Electronic Health Records (EHRs) for medication management and medication safety practices were reviewed by consultant pharmacists from the Oklahoma University College of Pharmacy. (Inclusive of medication reviews/histories, medication reconciliation, medication therapy management, interventional education, consultation, and outcome assessments.) Resident empowerment and person-directed care were small elements of the first phase of this project while medication review remains the focus of the project.

Results: 768 medication safety reviews were completed during phase one, with 785 completed at the end of the third quarter of phase two. A total of 1,258 assessments have been completed to date. The average number of medications per resident was 15.97 with an average of 0.81 potentially inappropriate medications per person. An estimated number of 1.92 potential adverse drug events per resident were avoided in these homes.

According to the most recent report, this type of medication review cannot be hardwired into the nursing homes at this point in Oklahoma's nursing home culture. Suggestions in the report are to address attitudes and culture around electronic health records and the importance of a thorough chart and medication review and each care transition. Because this is not a sustainable, scalable project, it is likely to be discontinued with the implications being to not fund similar projects in the future unless nursing home culture can be addressed. However, this project has provided invaluable insight to how we might address culture change in Oklahoma nursing homes to affect more positive outcomes.

Notes: This program is currently approved for a total of three years and is now in year 3.

OFMQ-Med	Year 1	Year 2	Year 3
Approved Budget	\$178,903	\$177,569	\$179,637

### Creating a Culture of Person-Directed Dementia Care

Provided by The Eden Alternative: Providing "Dementia Beyond Drugs" training has a project goal to support the continued reduction of antipsychotic medications through person-directed care practices that redefine perceptions of and approaches to dementia care. Person-directed care education that engages different stakeholders, such as employees in different roles, family members, and the residents themselves, provides a solid foundation for the sustained and successful reduction of antipsychotic medication use over time through non-pharmacological means.

Results: During year one, a total of 350 nursing home staff from 121 homes along with 46 ombudsmen and surveyors participated in the two-day training that was offered three times during May 2015 at different locations. According to pre-tests and post-tests, there was a 9% shift toward person-directed perceptions as a result of the training.

During Phase 2, a total of 153 participants from Oklahoma nursing homes. Prior to the training events, there were a total of 254 registrants. Thus, there was a total of 101 people who didn't show up, even though they were registered to do so. There was also a total of 20 ombudsmen and 11 surveyors who participated. It's worth noting that one of the events was preceded by flooding. This severe weather likely resulted in a significant number of cancellations, which include an online supplemental training will be available soon.

Notes: This program was approved for two phases and two years of funding, which concluded on June 30, 2016. Given the lower than expected attendance in year two, this program is considered to have reached the point of saturation in Oklahoma. It is not likely to be reconsidered for funding in the next five years.

Eden Alt	Year 1	Year 2	Year 3
Approved Budget	\$273,650	\$283,980	n/a

### It's Not OK to Fall

Provided by OUHSC College of Nursing: A comprehensive fall prevention pilot program for nursing homes. This pilot research project is a collaborative effort made possible through an interagency agreement between OSDH and OUHSC College of Nursing. The purpose of the program is to refine and test a comprehensive fall prevention program. Funds will be used to support the research and implementation of the program. It is the intent to develop a generalizable, reliable, affordable, and sustainable model for fall prevention. Once the program is developed, piloted, and refined, the "It's not OK to Fall" program may be implemented statewide with the goal of reducing Oklahoma's nursing home rate of falls with major injury from 5.6% March 2015 to 3.0% or less by June 2019.

Results: The pilot was presented as a poster session at the 2016 United States Public Health Service Symposium in Oklahoma City. Field work began in five nursing homes local to the Oklahoma City area in February 2016, with one home withdrawing before completion. The program will be refined and deployed to 30+ homes during FY 2017. Aggregate data for the composite score and for falls with major injury will not be available until the Period ending June 30, 2016 is released by CMS (approximately November 2016). The program is rooted in culture change and leadership development, so additional improvements across the facility are expected to be found.

Nursing Home	A	B	C	D	Aggregate
Baseline Period	12/31/15	12/31/15	12/31/15	12/31/15	12/31/15
Baseline Composite Score (before program)	6.88	8.61	9.74	14.12	9.84
Baseline Fall w/ major injury rate	5.13	6.98	9.52	2.439	6.0
Remeasurement Period (1) Date	06/30/16	06/30/16	06/30/16	06/30/16	06/30/16
Remeasurement Period (1) Comp. Score	Not available				
Remeasurement Period (1) Fall rate	Not available				
Remeasurement Period (2) Date	Not available				
Remeasurement Period (2) Comp. Score	Not available				
Remeasurement Period (2) Fall Rate	Not available				
Relative Improvement Rate Change in %	Not available				

Notes: This program is in Year 2 as of July 1, 2016.

OUHSC-Falls	Year 1	Year 2	Year 3
Approved Budget	\$510,160	\$558,272	\$500,000

### Music for the Ages: Music & Memory Program with

Provided by LeadingAge Oklahoma: Approved during FY16, this program has been funded for three years. The project will provide assistance for 100 Oklahoma nursing homes to create a certified Music and Memory Program™ as a non-pharmacological intervention for pain and dementia in nursing home residents. 20 residents from each home will be enrolled in the program, supplied iPods and playlists while staff at the nursing home will receive training to sustain and expand the program by leveraging local resources, including student volunteers.

Notes: This program is currently recruiting nursing homes across the state. The program is approved for funding over three years.

LeadingAge OK- Music	Year 1	Year 2	Year 3
Approved Budget	\$20,517	\$303,845	\$28,667

**Oklahoma National Background Check Program**

Provided by OSDH Oklahoma National Background Check Program (ONBCP): These funds provide support funding for the implementation of the CMS National Background Check Program (NBCP) for that portion of fingerprinting expense attributable to nursing facility applicants. The purpose of the ONBCP is to protect vulnerable citizens in nursing homes by reducing the incidence of abuse, neglect and misappropriation. The program serves the entire resident population in Oklahoma’s Medicare and Medicaid certified nursing homes. The program is leveraging new technologies to expedite better screening of applicants for employment in nursing homes and implementing a fingerprint based national criminal history records check on applicants.

Results: Six States have “sufficiently complete data to calculate disqualification rates” – Alaska, District of Columbia, Florida, Michigan, New Mexico, and Oklahoma. Id. 9, 10 (Table 1). In those States, 3% of prospective employees were disqualified. Id. Only three of the six States – Michigan, New Mexico, and Oklahoma – “provided data in which records resulting from continuous monitoring of criminal history information could be distinguished from records resulting from initial background checks.” Id. 11.

Notes: The program is authorized to request a 6th year technical, no cost, extension for the CMS Background Check grant, which is being prepared.

OSDH-ONBCP	SFY April 2015-March 2016		
Approved Budget	\$261,276.75		

Source: The source of the composite score and other data points: CMS MDS 3.0 retrieved 7/7/2016, periods ending monthly from 07/31/2014 through 04/30/2016.

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