ADDRESSING THE VOID

Data Overload: Unlocking the Power of Data with Dr Richard Stefanacci

Article Four

In keeping up with the latest news on caregiving for older adults, it is exciting to see that technology and data are now appearing in the headlines for long antiquated industries such as senior care. The buzz in every sector of senior care has been ubiquitously touting for providers to utilize more data. The recommendations have been to receive more data with more automation to help with all the challenges providers face in these tumultuous times.

However, the questions that remain for providers is 1) What data can we collect and use, and 2) How do we do this? Interestingly, the Center for Medicaid and Medicare Services (CMS) has the same questions as noted in the GAO report (Oct 2023) here. It is an open landscape with raw data floating everywhere, but how do we organize it?

I spoke with Dr. Richard Stefanacci, who is no stranger to data and research, and has explored these same questions. Some types of data are already readily available, but just hiding in plain sight. He provided great insights as to what types of data are accessible, and that we can use to help improve quality of care. In our discussion, we focused on the monitoring of incontinence data since this issue impacts most quality metrics and is an undercurrent in most chronic conditions and adverse events:

"It is essential to ensure its effectiveness and make necessary improvements. Here are some of the best ways to monitor the quality outcomes of an incontinence program or other areas of care:

1. Outcome Measures: Define and track specific outcome measures related to incontinence management. These measures can include the frequency and severity of incontinence episodes, improvement in bladder control, reduction in the use of absorbent products, and improvements in quality of life. Collecting data on these measures at regular intervals will help assess the program's impact.
2. Patient Reported Outcome Measures (PROMs): Utilize research validated questionnaires or surveys to gather information directly from the patients. PROMs can assess aspects such as symptom severity, patient satisfaction, and quality of life related to incontinence. Regularly administer these questionnaires to monitor changes in patient-reported outcomes and evaluate the program's effectiveness.
3. Nursing Feedback: In the case of patients who require assistance from CNAs and nurses, seek feedback from them regarding the program's impact on the patient's condition and their caregiving experience. Caregiver perspectives can provide valuable insights into the effectiveness of the program and identify areas for improvement.

4. Compliance and Adherence: Monitor patient compliance and adherence to the recommended treatment plans. This can include tracking the utilization of prescribed medications, adherence to pelvic floor muscle exercises, and proper use of incontinence products. Assessing compliance will help identify barriers to adherence and design strategies to improve patient compliance and treatment outcomes.
5. Clinical Indicators: Monitor clinical indicators such as the number of healthcare visits for incontinence management and emergency department visits related to incontinence complications and hospitalizations. Tracking these indicators can provide insights into the program's effectiveness in reducing healthcare utilization and preventing complications.
6. Benchmarking and Comparative Analysis: Compare the outcomes of the incontinence program with established benchmarks or similar programs. This can be done by reviewing published literature, collaborating with other institutions, or utilizing national databases. Comparative analysis can help identify areas where the program excels or falls behind, allowing for targeted improvements.
7. Continuous Quality Improvement: Implement a system for continuous quality improvement, which involves reviewing and analyzing program data on a regular basis. Identify trends, patterns, and areas for improvement based on the collected data. Use this information to make informed decisions and implement changes that optimize the program's outcomes.
8. Patient Follow-up: Conduct regular follow-up assessments to evaluate the long-term effectiveness of the program. This can involve scheduled appointments or check-ins with patients to assess their progress and address any ongoing concerns. Long-term follow-up allows for monitoring sustained improvements and identifying any recurring or new issues."

He further validated that by "implementing these monitoring strategies, healthcare providers can effectively assess the quality outcomes of an incontinence program, identify areas for improvement, and ensure the delivery of high-quality care to most individuals in their care."

Not to state the obvious, but as providers we must ensure that the CQAPI process does not fall into the rut of mere paper pushing. It is a meeting to collaborate, brainstorm, and problem solve. This is a listing of some examples where robust data may already exist within your current operations that you can easily leverage to start implementing data-driven action plans immediately:

- Medical records
- Communication tools (i.e. shift reports, communication books, 24-hour reports)

- POC systems (ADL documentation)
- Reports from procedural systems such as infection control, wound management, incident reporting and so on (i.e. weekly wound reports, incident report log)
- Pharmacy reports
- Dietician reports
- Specialist reports: wound management company, dialysis, podiatrist, dentist, etc.
- Inventory reports-use of medical supplies when no indication-briefs, bed pads, wipes, catheters, OTC meds, band-aids and other first aid supplies
- ER/hospital visits
- Maintenance requests or work orders
- Physician orders
- MDS reports
- Quality Indicator reports
- Discharge Summaries
- 24-Hour Reports
- CMS website on your community (Nursing Home Compare)
- The Facility Assessment
- Survey reports from past (if you are new and cannot locate them, see Nursing Home Compare above for the last 3 years)
- Previous Plan of Cares
- Employee files
- Employee training records
- Diagnosis listings
- Allergy lists
- Rental equipment inventory and information (i.e. serial numbers, dates for installation or removal)
- AR and AP/Collections reports

The above areas can produce a wide range of data to review routinely, trend, and/or to create reports. Here are some tips when reviewing these data:

- ✓ Don't be scared about big data. In senior care, it is extremely challenging to secure large data and the data outlets are so disassociated, but even so, the available data remain an integral part in reviewing for CQAPI nuggets.
- ✓ Take the process one step at a time by:
    1. Determine how to organize, depending on where information is coming from (paper, electronic, outside systems).
    2. Determine how often to gather the data
    3. Identify any issues with the integrity of the data and work to improve the quality of the data

4. Find a way to automate data as much as possible
5. Discover a cadence with accessing data to monitor appropriately
6. Set up parameters, conclusions, or hypotheses to help shape how you and/or teams will respond to the data findings. When will you know interventions are warranted?

- ✓ For mainstream data, get help. One example of mainstream data is MDS error reports, QM reports and/or billing codes. To get help with these areas, utilize your MDS coordinators, your billers and/or operators to pull the information from those sources.
- ✓ Organize all data in the same format (such as a notebook or electronic file) with easy but private access
- ✓ Use the experts on your CQAPI team to get feedback on the data sets in small subgroups that may specialize in one area. One example is the MDS nurse. Ask them to assist in providing documentation, data collection, and support for all items in the set parameters.
- ✓ If you don't have the experts, find them. There are experts in your network from manufacturers of medical products you use, family members, governing organizations, consultants, and even physicians or networks that you work with in the billing cycles or continuum of care for clients. These individuals can remotely dial in and can be trained on the importance, as well as the privacy, of the CQAPI committee.
- ✓ Lastly, document, document, document all findings and recommendations on protected CQAPI documents (templates and instructions from CMS you can use here)

Here are a couple of past examples of data reviews I have used personally while working through CQAPI plans:

1. Abnormal Outliers in Data-During reviews of incident reports involving falls and trending the numbers weekly and monthly, you may find there are gaps in toileting plans that resulted in falls involving going to the restroom.
2. Continuity of Data-In environments where a wound care specialist rounds with nursing each week, internal and external reports are typically created. In addition to this, the attending physician orders wound treatments upon recommendation by the team. In review of this documentation, check that all areas in which the wound is documented are consistent. (ie wound report, consultation reports, physician orders, pharmacy reports, dietician reports, care plans, physician notes, MDS coding and discharge summaries to name a few.) Disparities in these areas could indicate a need for education, more teamwork with wound care, formularies, and sometimes simply bringing awareness that they were different.
3. Repetitive Data-Sometimes when data is too similar and repeats itself, it could be an indication that staff education is warranted to prevent any copying or misunderstandings of procedures.

4. Alignment of Data-Mismatching MDS-coded data to vaccination logs and other areas of assessment and treatment could indicate a lack of confusion with, outdated, and/or nonexistent policies and procedures.
5. Validation of Data-A trend of high pain levels documented on MDS assessments without interventions could reveal the need for more clinical attention on protocols for pain, non-pharmacological options, as well as how pain was being reported.
6. Organization of Data-Something as simple as obtaining a master list of who is incontinent via their MDS assessments, comparing it to a master list of who is wearing briefs along with reports from inventory, could help reveal gaps and misconceptions about your incontinence management protocols.

Finally, Dr. Stefanacci said in closing that "Data is the key to unlocking better outcomes in senior care. By embracing a data-driven mindset, providers can pinpoint opportunities for improvement and drive meaningful change. I encourage all senior care leaders to start small by tapping into existing data assets, build collaborative teams to interpret the findings, and let the data guide your quality improvement journey. ***Residents deserve the best possible care, and unlocking the power of data is key to delivering on that promise.***"