

California On-Time Quality Improvement Frequently Asked Questions (FAQs)

What is the On-Time Quality Improvement for Long-Term Care Program?

The On-Time Quality Improvement for Long-Term Care Program is funded by the Federal Agency for Healthcare Research and Quality (AHRQ), in collaboration with California HealthCare Foundation and the California Department of Public Health. The focus is on prevention and timely treatment during routine care. Current tools focus on prevention and treatment of pressure ulcers and related risk factors such as unnecessary weight loss, incontinence, and changes in behaviors.

On-Time tools, including standardized certified nursing assistant (CNA) documentation elements and clinical reports, have been developed with participating staff in more than 30 pilot facilities. The goal is to improve clinical information and integrate that information into facility daily work flow so that improved communication between CNAs, dietary staff, MDS coordinators, social work, and nurses will result in more timely referrals, treatments, and changes in care plans. With the help of quality improvement consultants, facility staff work in multidisciplinary teams to consolidate and standardize CNA documentation, assure the completeness and accuracy of documentation, use a set of reports and tracking tools to identify high risk residents, improve information flow among the multidisciplinary team, improve documentation of preventive care, and make more timely referrals and treatments. Reports can be accessed at least weekly and provide summary trend information.

All On-Time tools, documentation elements, and reports can be integrated into health information technology (HIT) products used by the facility or a facility may choose to begin using paper forms and then up-grade to HIT when purchased. About 7 HIT vendors have programmed the "On Time" tools. Additional help is provided if the facility is integrating On-Time with new HIT technology.

Why Should a Facility Adopt On-Time?

- Identify residents at risk for pressure ulcer development sooner to prevent adverse consequences.
- Improve timely flow of clinical information among CNAs, dietary, and nurses.
- Improve documentation of CNA observations and make it a valuable tool to identify changes in risk factors, such as weight loss and incontinence.
- Receive weekly clinical reports that summarize clinical changes over time for high risk residents.
- Reduce in house pressure ulcer formation and weight loss.
- Improve documentation of prevention practices.
- Increase CNA job satisfaction and involvement in multidisciplinary quality improvement teams.
- Move your facility from a fragmented, paper-based environment to a more efficient electronic-based environment.
- Improve team-based care planning.

What is the timeline and scope of this project in California?

For each facility, On-Time is a 2-year project. There will be 2 phases of implementation. Phase I (2009 – 2011): a total of 10 facilities will be selected by March 31, 2009. Phase II: an additional 20 facilities will be selected by February 2010.

How Does a California Facility Participate in On-Time?

We invite you to submit an application. Here is a summary of the process

1. Complete an application (access at: <http://ww2.cdph.ca.gov/programs/Pages/LnC.aspx>)
2. Applications due by **March 6, 2009 (must be post-marked no later than March 6).**
3. **Send applications to:**

Institute for Clinical Outcomes Research (ICOR)
699 East South Temple, Suite 100
Salt Lake City, UT 84102-1282
Voice (801-466-5595 x207)

What is Required of My Facility?

Your facility must have a high pressure ulcer rate (>14%) and have a strong interest in migrating from a paper-based environment to an electronic, data-based environment. You will need to:

- replace your current CNA documentation forms with standardized documentation, which can be adapted to your needs.
- be willing to participate in working phone meetings led by a program team facilitator to transform your CNA documentation and to incorporate the On-Time reports into your work flow.
- use the reports to improve staff communication and clinical decision making.
- participate in program phone meetings to share in experiences with workflow transformation with other participating facilities.

What Resources Are Needed to Participate in On-Time?

The resources needed to participate are an HIT system and staff time.

The resources for HIT will depend on the type of technology your facility decides to implement or already has available. You may use existing technology or invest in low-cost technology.

For staff time, a core group of clinical staff will be asked to invest their time by participating in weekly team meetings—usually for the first 2 to 3 months and then biweekly and monthly meetings thereafter—to integrate standardized data elements into CNA documentation forms, redesign workflow, and integrate clinical reports into daily work processes.

What Consulting is Provided to Participants?

The following assistance is available to participants:

- Ongoing program management and implementation support throughout the 2 year program.
- Regular communication regarding program status and impact.
- Facilitation of regular conference calls to support workflow redesign and implementation.
- On-site training to support use of On-Time clinical decision-making reports by front-line caregivers.
- Conference calls among multiple facilities to share lessons learned.

What HIT grant funds are provided by CHCF to Participants?

The California HealthCare Foundation is providing technology grant funds of up to \$7500 per participating facility to support HIT software customization and use to meet the On-Time project requirements. Each participant in phase I and phase II will be awarded a grant.

Would Participating in On-Time Mean More Work for Staff?

On-Time is viewed as an 18 month to 2 year facilitated quality improvement program that is then transitioned to ongoing practice. It is important to keep in mind that clinical staff are asked to invest a portion of their time up front in regular meetings, phone calls, and training to standardize documentation and redesign clinical workflow. Many front-line staff have said this investment has been well worth their time. Also it is important to note that depending on your status of HIT system selection and implementation, there will be additional time spent by members of the leadership team working through these steps.

CNAs report that the program has made their work more efficient, more productive, and more rewarding. Streamlined documentation reduces the number of forms they have to fill out. More importantly, the On-Time reports serve as a key tool for supporting resident care, rather than add-ons that generate more work and headaches.

Do We Have to Use a Specific Information Technology Vendor to Participate in On-Time?

You do not have to use a specific information technology vendor to participate in this program. Each facility's leadership and clinical care team is responsible for deciding the HIT vendor and product based on the everyday challenges that staff face and what they believe can be done to make their work easier, more efficient, and more effective. The requirement for the HIT vendors is that they meet the requirements of the On-Time program: confirm the required CNA data elements are captured and the standard On-Time reports are produced. Each vendor selected will be asked to go through the On-Time requirements evaluation and review process.

What Do Other Nursing Facilities That Have Participated in On-Time Say About It?

Feedback from participating nursing facilities has been overwhelmingly positive. "One of the best things... is the focus on CNAs as important members of the team providing critical information for clinical decision making," one nursing director said. Another nursing manager remarked about how engaged CNAs were in the program and eager to progress to the next level of participation. "It is so important as we try to increase the responsibility of the front-line clinicians for clinical decision making," she said. Others have described their experience in the program as collaborative, exciting, and valuable. Several facilities have noted that by participating in the On-Time program they have been able to implement their HIT system to a greater extent and build the capacity of their front-line team members to use the clinical reports to improve care for their residents.

You can watch a short streaming video on this page that includes discussions about On-Time from staff at three pilot facilities in Wisconsin, California, and Arizona.

Please see the website: <http://www.ahrq.gov/RESEARCH/ontime.htm>

How Many Nursing Facilities Have Participated or Are Working with On-Time?

As of the summer of 2008, 55 nursing facilities located in 9 States and the District of Columbia have participated in the program, including sixteen in California and sixteen in New York.

How Does On-Time Reduce Pressure Ulcer Rates and Improve Quality?

The On-Time program provides participating facilities with new tools and skills to improve the prevention of pressure ulcers. The program provides nursing home staff with simple weekly reports that summarize changes in the clinical status of high risk residents for pressure ulcer development. These reports are used to make more timely changes in the resident's care plan. Nursing home staff work in a multidisciplinary team and harness improved clinical information documented daily by CNAs to increase the power of interdisciplinary team discussions and communication. A key component of the work is bringing the entire clinical care team—CNAs, dietitians, nursing coordinators, and managers—to the table with the reports and engaging them in discussions about workflow, documentation, and care planning. Weekly feedback reports address documentation completeness, behavior, nutrition, high-risk indicators for pressure ulcer development, and incontinence trends. Once the program ends, facilities should have a high quality pressure ulcer prevention program in place for many years to come as well as a core set of skills and tools that can be used to help manage nutrition and behaviors and also help MDS nurses with their documentation needs.

What Has the Program Accomplished to Date?

The initial pilot program achieved an average 33 percent reduction in pressure ulcer prevalence within a year among 11 participating nursing homes. Some facilities reduced prevalence by up to 73 percent and incidence by up to 65 percent. In most recent data from the next phase of implementation with 21 facilities, for facilities with a high level of implementation there was a 30.7% decline (from 13.1% to 9.1%) in CMS high-risk pressure ulcer quality measure and a 42% decline in in-house pressure ulcer rates (from 4% to 2.3%). This implies that a facility that had about 4 new pressure ulcers acquired in house each quarter can reduce this rate to about 2 and if they adhere to the program keep the rate at that level. All

facilities report improved documentation and better identification of residents at risk for pressure ulcer development and improved interdisciplinary communication processes.

In addition, CNA clinical care staff have become very engaged in the program and, as a result, more involved in overall quality improvement efforts. They like the fact that the program has reduced the number of documentation forms they have to fill out every day and they find great value in the On-Time feedback reports. These positive experiences help create a "data culture," a key step in quality improvement that creates the foundation for integrating HIT into nursing home care.