Improving Patient Safety in Nursing Homes: A Resource List for Users of the AHRQ Nursing Home Survey on Patient Safety Culture

Purpose

This document contains references to Web sites that provide practical resources nursing homes can use to implement changes to improve patient safety culture and patient safety. This resource list is not exhaustive, but is provided to give initial guidance to nursing homes looking for information about patient safety initiatives. This document will be updated periodically.

How To Use This Resource List

Resources are listed in alphabetical order, organized by the composites assessed in the Agency for Healthcare Research and Quality (AHRQ) *Nursing Home Survey on Patient Safety Culture* (available at http://www.ahrq.gov/professionals/quality-patient-safety/patientsafetyculture/nursing-home/index.html), followed by general resources.

For easy access to the resources, keep the file open rather than printing it in hard copy because the Web site URLs are hyperlinked and cross-referenced resources are bookmarked within the document.

NOTE: The resources included in this document do not constitute an endorsement by the U.S. Department of Health and Human Services (HHS), the Agency for Healthcare Research and Quality (AHRQ), or any of their employees. HHS does not attest to the accuracy of information provided by linked sites.

Suggestions for tools you would like added to the list, questions about the survey, or requests for assistance can be addressed to: SafetyCultureSurveys@westat.com.

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Westat under contract number HHSA 290201300003C for the Agency for Healthcare Research and Quality

Updated February 2016

Contents

Alphabetical Index of Resources

Institute for Healthcare Improvement: Plan-Do-Study-Act (PDSA) Worksheet
Interdisciplinary Team Identifies and Addresses Risk Factors for Falls Among Nursing Home Residents, Leading to Fewer Falls and Less Use of Restraints
Interventions To Reduce Acute Care Transfers (INTERACT)
ISMP's List of Confused Drug Names, *NEW*
Just In Time Toolkits for Staffing Transformation
Leadership Response to a Sentinel Event: Respectful, Effective Crisis Management
Long-Term Care Improvement Guide
Long-Term Care Toolkit
Making Health Care Safer II: An Updated Critical Analysis of the Evidence for Patient Safety Practices
Making Your Printed Health Materials Senior Friendly
Medically Induced Trauma Support Services (MITSS)
Multimorbidity Pocket Card
National Blueprint: Increasing Physical Activity Among Adults Age 50 and Older
National Nursing Home Quality Care Collaborative: Change Package
National Quality Strategy Stakeholder Toolkit
Nursing Home "Neighborhoods" Emphasize Dignity and Independence, Leading to Improvements in Resident Health and Quality of Life and Lower Employee Turnover
Nursing Home Quality Initiative
Older Adults: Designing Health Information To Meet their Needs
Partnership To Improve Dementia Care in Nursing Homes: State Coalition Provider Question Worksheet
Patient- and Family-Centered Care Organizational Self-Assessment Tool
Patient Fall Prevention and Management Protocol with Toileting Program
Patient Safety and the "Just Culture": A Presentation by David Marx, J.D.
Patient Safety Primer: Medication Errors
Patient Safety Primer: Safety Culture
Patient Safety Primer: Teamwork Training
Patient Safety Self-Assessment Tool
Person-Centered Care, *NEW*
Pioneer Network
Pressure Ulcer Baseline Assessment Survey for Registered Nurses and Nursing Assistants
Pressure Ulcer Clinical Tools & Resources
Pressure Ulcer Prevention: A Nursing Competency-Based Curriculum
Pressure Ulcer Prevention Points
Preventing Pressure Ulcers Turn Clock Tool
Prevention and Treatment Program Integrates Actionable Reports Into Practice, Significantly Reducing Pressure Ulcers in Nursing Home Residents
Primary Care Provider Fax Report and Orders
Provide Feedback to Frontline Staff
Quality Improvement Fundamentals Toolkit
Quality Improvement Savings Tracker Worksheet
SAFER Guides
Safety Huddle Results Collection Tool
Same Page Transitional Care Resources for Patients and Care Partners
SBAR Technique for Communication: A Situational Briefing Model
Skin Care Facts: Pressure Ulcer Prevention
Staff Stability, *NEW*
Staff Training and Support, Incentives, and Feedback Fails To Generate Sustainable Reductions in Pressure Ulcers at Nursing Home

Staying Healthy Through Education and Prevention (STEP)
TeamSTEPPS® Long-Term Care Version, *NEW*
TeamSTEPPS® Readiness Assessment Tool
Try This: Best Practices in Nursing Care to Older Adults
University of Michigan Health System Patient Safety Toolkit: Disclosure Chapter
Department of Veterans Affairs National Center for Patient Safety –Root Cause Analysis
WHO Patient Safety – Implementing Change
Will It Work Here?: A Decisionmaker's Guide to Adopting Innovations

Resources by Composite

The following resources are organized according to the relevant Nursing Home Survey on Patient Safety Culture composites they can help improve. Some resources are duplicated and cross-referenced because they may apply to more than one composite.

Composite 1. Overall Perceptions of Resident Safety

1. **Making Health Care Safer II: An Updated Critical Analysis of the Evidence for Patient Safety Practices**

http://www.ahrq.gov/research/findings/evidence-based-reports/ptsafetyuptp.html

This evidence report is featured on the AHRQ Health Care Innovations Exchange Web site. It presents practices relevant to improving patient safety, focusing on hospital care, nursing homes, ambulatory care, and patient self-management. It defines patient safety practices, provides a critical appraisal of the evidence, rates the practices, and identifies opportunities for future research.

2. **Patient Safety Self-Assessment Tool**

http://www.ihi.org/resources/Pages/Tools/PatientSafetySelfAssessmentTool.aspx

This organizational self-assessment tool was designed by Steven Meisel, PharmD, at Fairview Health Services using information from a report published by the Agency for Healthcare Research and Quality (AHRQ) in Rockville, Maryland, USA. The tool can help staff members evaluate whether known safety practices are in place in their organizations and to find areas for improvement.

3. **Patient Safety Primer: Safety Culture**

http://psnet.ahrq.gov/primer.aspx?primerID=5

The concept of safety culture originated outside health care, in studies of high-reliability organizations. These organizations consistently minimize adverse events despite carrying out intrinsically complex and hazardous work. High-reliability organizations maintain a commitment to safety at all levels, from frontline providers to managers and executives. This commitment establishes a culture of safety. The AHRQ Patient Safety Network explains this topic further and provides links for more information on what is new in safety culture.

Composite 2. Feedback and Communication About Incidents

1. Call to Action: Safeguarding the Integrity of Healthcare Quality and Safety Systems
http://www.nahq.org/uploads/NAHQ_call_to_action_FINAL.pdf

The National Association for Healthcare Quality *Call to Action: Safeguarding the Integrity of Healthcare Quality and Safety Systems* provides best practices to enhance quality, improve ongoing safety reporting, and protect staff. It addresses accountability, protection of those who report quality and safety concerns, and accurate reporting and response.

2. Provide Feedback to Frontline Staff
http://www.ihi.org/resources/Pages/Changes/ProvideFeedbacktoFrontLineStaff.aspx

Feedback to frontline staff is a critical component of demonstrating a commitment to safety and ensuring that staff members continue to report safety issues. This Institute for Healthcare Improvement Web site identifies tips and tools for providing feedback.

3. Safety Huddle Results Collection Tool
http://www.ihi.org/resources/Pages/Tools/SafetyHuddleResultsCollectionTool.aspx

Safety Briefings increase safety awareness among front-line staff and help an organization develop a culture of safety. To determine whether or not Safety Briefings are successful in accomplishing these goals, data must be collected to monitor progress. Iowa Health System tested the use of Safety Briefings (which it calls "Safety Huddles") to increase safety awareness and designed a tool to assist its staff with data collection during those tests.

4. University of Michigan Health System Patient Safety Toolkit: Disclosure Chapter
http://www.ihi.org/resources/Pages/Tools/UMichiganHealthSystemPatientSafetyToolkitDisclosureChapter.aspx

The Patient Safety Toolkit was developed by University of Michigan with the financial support of Blue Cross Blue Shield of Michigan Foundation. The toolkit was designed to build a foundation of knowledge and to suggest practical applications for developing best practices. A chapter is dedicated to the disclosure of medical errors or unanticipated outcomes.

Composite 3. Supervisor Expectations and Actions Promoting Resident Safety and Composite 4. Management Support for Resident Safety

1. Appoint a Safety Champion for Every Unit
http://www.ihi.org/resources/Pages/Changes/AppointaSafetyChampionforEveryUnit.aspx

Having a designated safety champion in every department and patient care unit demonstrates the organization's commitment to safety and may make other staff members feel more comfortable about sharing information and asking questions. This Institute for Healthcare Improvement Web site identifies tips for appointing a safety champion.

2. Conduct Patient Safety Leadership WalkRounds™
http://www.ihi.org/resources/Pages/Changes/ConductPatientSafetyLeadershipWalkRounds.aspx

Senior leaders can demonstrate their commitment to safety and learn about the safety issues in their organization by making regular rounds to discuss safety issues with frontline staff. This Institute for Healthcare Improvement Web site discusses the benefits for management making regular rounds and provides links to tools available for download.

3. Partnership To Improve Dementia Care in Nursing Homes: State Coalition Provider Question Worksheet
https://www.nhqualitycampaign.org/files/Partnership_Provider_Assessment_Form.pdf

This provider self-assessment contains a list of questions for direct caregivers and nursing home leadership to assist facilities in assessing their approach to dementia care.

Composite 5. Organizational Learning

1. Decision Tree for Unsafe Acts Culpability
http://www.ihi.org/resources/Pages/Tools/DecisionTreeforUnsafeActsCulpability.aspx (requires free account setup and login)

The decision tree for unsafe acts culpability is a tool available for download from the Institute for Healthcare Improvement Web site. Staff can use this decision tree when analyzing an error or adverse event in an organization to help identify how human factors and systems issues contributed to the event. This decision tree is particularly helpful when working toward a nonpunitive approach in an organization.

2. Guide to Implementing Quality Improvement Principles
http://www.gmcf.org/AlliantWeb/Files/QIOFiles/Nursing%20Homes/Implementing%20QI%20Principles%2010SOW-GA-IIPC-12-237.pdf

This guide provides concrete tools and ideas that leaders can use to implement quality

improvement in their nursing homes. The sections of this guide will explain general quality improvement principles followed by strategies for implementing quality improvement principles in your daily work.

3. Plan-Do-Study-Act (PDSA) Worksheet
http://www.ihi.org/resources/Pages/Tools/PlanDoStudyActWorksheet.aspx

The Plan-Do-Study-Act (PDSA) Worksheet from the Institute for Healthcare Improvement is a useful tool for documenting a test of change. The PDSA cycle is shorthand for testing a change by developing a plan to test the change (Plan), carry out the test (Do), observe and learn from the consequences (Study), and determine what modifications should be made to the test (Act).

4. National Nursing Home Quality Care Collaborative: Change Package
https://cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/NNHQCC-Package.pdf

This change package is intended for nursing homes participating in the National Nursing Home Quality Care Collaborative led by the Centers for Medicare & Medicaid Services (CMS) and the Medicare Quality Improvement Organizations (QIOs), to improve care for the millions of nursing home residents across the country. The change package is focused on the successful practices of high performing nursing homes. It was developed from a series of ten site visits to nursing homes across the country, and the themes that emerged regarding how they approached quality and carried out their work. The practices in the change package reflect how the nursing homes leaders and direct care staff at these sites shared and described their efforts. The change package is a menu of strategies, change concepts, and specific actionable items that any nursing home can choose from to begin testing for purposes of improving residents' quality of life and care.

5. Patient- and Family-Centered Care Organizational Self-Assessment Tool
http://www.ihi.org/resources/Pages/Tools/PatientFamilyCenteredCareOrganizationalSelfAssessmentTool.aspx

This self-assessment tool was developed by the Institute for Healthcare Improvement (in collaboration with the National Initiative for Children's Healthcare Quality and the Institute for Patient- and Family- Centered Care). It allows organizations to understand the range and breadth of elements of patient- and family-centered care and to assess where they are against the leading edge of practice. Use this self-assessment tool to assess how your organization is performing in relation to specific components of patient- and family-centered care, or as a basis for conversations about patient-centeredness in the organization.

6. Quality Improvement Fundamentals Toolkit
http://www.ofmq.com/sites/default/files/QI_Fundamentals_508.pdf

This toolkit was developed by the Oklahoma Foundation for Medical Quality and can be used to help identify opportunities for improvement and develop improvement processes.

7. Department of Veterans Affairs National Center for Patient Safety – Root Cause Analysis
http://www.patientsafety.va.gov/professionals/onthejob/rca.asp

The National Center for Patient Safety uses a multi-disciplinary team approach, known as Root Cause Analysis - RCA - to study health care-related adverse events and close calls. The goal of the RCA process is to find out what happened, why it happened, and how to prevent it from happening again. Because the Center's Culture of Safety is based on prevention, not punishment, RCA teams investigate how well patient care systems function. The focus is on the "how" and the "why," not on the "who." Through the application of Human Factors Engineering (HFE) approaches, the National Center for Patient Safety aims to support human performance.

8. WHO Patient Safety – Implementing Change
http://www.who.int/patientsafety/implementation/en/

World Health Organization (WHO) Patient Safety works to ensure that patient safety measures and solutions can be implemented in a variety of health-care settings worldwide. Their work on implementation ranges from providing guidelines for national and subnational patient safety reporting & learning systems, to solutions to common patient safety issues.

9. Will It Work Here?: A Decisionmaker's Guide to Adopting Innovations
http://www.innovations.ahrq.gov/guide/guideTOC.aspx

The goal of this guide is to promote evidence-based decisionmaking and to help decisionmakers determine whether an innovation would be a good fit or an appropriate stretch for their health care organization.

Composite 6. Training and Skills

1. AHRQ Patient Safety Education and Training Catalog
http://psnet.ahrq.gov/pset/index.aspx

The Agency for Healthcare Research and Quality's Patient Safety Education and Training Catalog consist of patient safety programs currently available in the United States. The catalog, which is featured on AHRQ's Patient Safety Network, offers an easily navigable database of patient safety education and training programs consisting of a robust collection of information each tagged for easy searching and browsing. The new database identifies a number of characteristics of the programs, including clinical areas, program and learning objectives, evaluation measures, and cost.

2. Applying High Reliability Principles to Infection Prevention and Control in Long Term Care
http://www.jointcommission.org/hripcltc.aspx

The goal of this educational module is to introduce persons working in nursing homes and assisted living facilities to the principles of high reliability and how they can be applied to

preventing infections in residents. This 50-minute e-learning tool was developed by the Joint Commission with partial funding from AHRQ. It features quizzes and a searchable database of practical resources. The free CDs and online format are available to all facilities, not only Joint Commission customers.

3. IMPACT (Improving Mood: Promoting Access to Collaborative Treatment for Late-Life Depression)
https://aims.washington.edu/resource-library/impact-training

IMPACT training is a free online course in collaborative care developed by the University of Washington, Psychiatry & Behavioral Science. It is a 13-module program designed to help clinicians and organizations implement a model for depression care for older adults in a variety of settings. The program works to improve quality of life, physical and social functioning, and decrease pain among the elderly. Clinicians can learn skills by using a combination of audio-annotated PowerPoint presentations, streaming video, case studies, and reference manuals.

4. Improving Patient Safety in Long-Term Care Facilities: Training Modules
http://www.ahrq.gov/professionals/systems/long-term-care/resources/facilities/ptsafety/index.html

This training module is featured on the AHRQ Health Care Innovations Exchange Web site. The Improving Patient Safety in Long-Term Care Facilities: Training Modules materials are intended for use in training frontline personnel in nursing homes and other long-term care facilities. The materials were developed for the Agency for Healthcare Research and Quality (AHRQ) under a contract to the RAND Corporation. They are organized into three modules:

- Module 1: Detecting Change in a Resident's Condition
- Module 2: Communicating Change in a Resident's Condition
- Module 3: Falls Prevention and Management

5. Try This: Best Practices in Nursing Care to Older Adults
http://consultgeri.org/try-this/general-assessment

"Try This" is a series of assessment tools, developed by the Hartford Institute for Geriatric Nursing at New York University's College of Nursing, where each issue focuses on a topic specific to the older adult population. The content is directed to orient and encourage all nurses to understand the special needs of older adults and to use the highest standards of practice in caring for older adults.

Cross-reference to resources already described:

- Pressure Ulcer Reduction, #7 Pressure Ulcer Prevention: A Nursing Competency-Based Curriculum
- Pressure Ulcer Reduction, #11 Staff Training and Support, Incentives, and Feedback Fails To Generate Sustainable Reductions in Pressure Ulcers at Nursing Home
- Pressure Ulcer Reduction, #12 Pressure Ulcer Baseline Assessment Survey for Registered Nurses and Nursing Assistants

- Composite 3. Supervisor Expectations and Actions Promoting Resident Safety and Composite 4. Management Support for Resident Safety, #3 Partnership To Improve Dementia Care in Nursing Homes: State Coalition Provider Question Worksheet

Composite 7. Compliance With Procedures

1. Hand Hygiene in Outpatient Care, Home-Based Care, and Long-Term Care Facilities
http://www.who.int/gpsc/5may/EN_GPSC1_PSP_HH_Outpatient_care/en/index.html

To respond to the demand from national representatives and stakeholders around the world, the WHO Clean Care is Safer Care team has launched the new WHO Guide on Hand Hygiene in Outpatient and Home-based Care and Long-term Care Facilities. The main objective of the guide is provide conceptual and practical guidance on the application of the WHO Multimodal Hand Hygiene Improvement Strategy and the My Five Moments approach in health-care settings where patients are not admitted as inpatients to a hospital.

2. Healthcare Provider Toolkit
http://www.oneandonlycampaign.org/content/healthcare-provider-toolkit

This toolkit will assist individuals and organizations with educating healthcare providers and patients about safe injection practices. Any healthcare provider that gives injections (in the form of medication, vaccinations, or other medical procedures) should be aware of safe injection practices. Partners of the Safe Injection Practices Coalition (SIPC) helped to create the materials in this toolkit and distribute these materials throughout their individual organizations.

3. Hand Hygiene in Healthcare Settings
http://www.cdc.gov/handhygiene/training.html

The Centers for Disease Control and Prevention's Hand Hygiene in Healthcare Settings provides health care workers and patients with a variety of resources, including guidelines for providers, patient empowerment materials, the latest technological advances in hand hygiene adherence measurement, frequently asked questions, and links to promotional and educational tools published by the WHO, universities, and health departments.

4. Long-Term Care Toolkit
http://www.mi-marr.org/LTC_toolkit.php

This toolkit is designed to help health care providers in long-term care facilities implement the 12 Steps to Prevent Antimicrobial Resistance Among Long-Term Care Residents, a set of recommendations developed by the Centers for Disease Control and Prevention (CDC) as part of its Campaign to Prevent Antimicrobial Resistance in Healthcare Settings. The toolkit follows the CDC 12-step framework and is divided into 12 sections, one for each step in the CDC Campaign. Strategies on how to break specific links in the chain of infection are included in each step, along with practical information, protocols, policies, and tools designed to be easily customized for specific facility needs.

Composite 8. Teamwork

1. Patient Safety Primer: Teamwork Training
https://psnet.ahrq.gov/primers/primer/8

Providing safe health care depends on highly trained individuals with disparate roles and responsibilities acting together in the best interests of the patient. The Agency for Healthcare Research and Quality's Patient Safety Network explains this topic further and provides links for more information on what is new in teamwork training.

2. TeamSTEPPS® Long-Term Care Version
http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/longtermcare/index.html

Developed jointly by the Department of Defense (DoD) and the Agency for Healthcare Research and Quality (AHRQ), TeamSTEPPS® is a resource for training health care providers in better teamwork practices. The Long-Term Care version of TeamSTEPPS® adapts the core concepts of the TeamSTEPPS® program to reflect the environment of nursing homes and other long-term care settings such as assisted living and continuing care retirement communities.

3. TeamSTEPPS® Readiness Assessment Tool
http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/readiness/index.html

Answering these questions can help your institution understand its level of readiness to initiate the TeamSTEPPS® program. You may find it helpful to have a colleague review your responses or to answer the questions with a larger group (e.g., senior leaders).

Composite 9. Handoffs

1. Cooperative Network Improves Patient Transitions Between Hospitals and Skilled Nursing Facilities, Reducing Readmissions and Length of Hospital Stays
https://innovations.ahrq.gov/profiles/cooperative-network-improves-patient-transitions-between-hospitals-and-skilled-nursing

This featured profile is available on the AHRQ Health Care Innovations Exchange Web site. Summa Health System's Care Coordination Network strives to ensure smooth transitions between the hospitals and 37 local skilled nursing facilities, leading to fewer readmissions and lower length of stay in the hospital.

2. Coordinated-Transitional Care Toolkit
http://www.hipxchange.org/C-trac

This tool was developed by the University of Wisconsin-Madison School of Medicine & Public Health and the William S. Middleton Memorial Veterans Hospital. The Coordinated-

Transitional Care (C-TraC) Toolkit is a low-resource, telephone-based, protocol-driven program designed to reduce 30-day rehospitalizations and to improve care transitions during the early posthospital period. The toolkit is designed to help clinicians and researchers execute the C-TraC program protocol. In addition to the full toolkit, C-TraC developed a COMPASS module to support hospital to nursing home transitions.

3. How-To Guide: Improving Transitions From the Hospital to Skilled Nursing Facilities To Reduce Avoidable Rehospitalizations
http://www.ihi.org/resources/Pages/Tools/HowtoGuideImprovingTransitionHospitalSNFstoReduceRehospitalizations.aspx

This guide was developed by the Institute for Health Care Improvement to support teams in skilled nursing facilities (SNFs) and their community partners in code-signing and reliably implementing improved care processes to ensure that residents have a safe, effective transition into — and are actively received by — the SNF (an umbrella term representing different types of post-acute care settings, including nursing homes, skilled nursing care centers, long-term care facilities, rehabilitation facilities, post-acute care facilities, and complex or convalescent care centers in Canada).

4. Interventions To Reduce Acute Care Transfers (INTERACT)
http://interact2.net

INTERACT is a quality improvement program designed to improve the early identification, assessment, documentation, and communication about changes in the status of residents in skilled nursing facilities. The goal of INTERACT is to improve care and reduce the frequency of potentially avoidable transfers to the acute hospital. Such transfers can result in numerous complications of hospitalization, and billions of dollars in unnecessary health care expenditures.

5. ISMP's List of Confused Drug Names
http://www.ismp.org/Tools/confuseddrugnames.pdf

Drawing on information gathered from the ISMP Medication Errors Reporting Program, this fact sheet provides a comprehensive list of commonly confused medication names, including look-alike and sound-alike name pairs. Drug name confusion can easily lead to medication errors, and the ISMP has recommended interventions such as the use of tall man lettering in order to prevent such errors.

6. "Same Page" Transitional Care Resources for Patients and Care Partners
http://www.ihi.org/resources/Pages/Tools/SamePageTransitionalCareResourcesforPatientsandCarePartners.aspx

These resources and tools were developed for patients and their caregivers or care partners to use when planning for care or during a stay in a hospital or skilled nursing facility. The goal is to support patients, their care partners, and the team of health care providers to all be "on the same page" in understanding the patient's health and health care needs when the patient is

transitioning from one setting of care to another. The tools include surveys to fill out before and after a patient's stay as well as specific resources designed to support care partners. The Planetree Same Page Patient Notebook includes detailed information and tools that are designed to be useful to patients, care partners, and the health care team.

Composite 10. Communication Openness

1. SBAR Technique for Communication: A Situational Briefing Model
http://www.ihi.org/resources/Pages/Tools/SBARTechniqueforCommunicationASituationalBriefingModel.aspx

The SBAR (Situation-Background-Assessment-Recommendation) technique provides a framework for communication between members of the health care team about a patient's condition. This downloadable tool from the Institute for Healthcare Improvement contains two documents.

- "Guidelines for Communicating With Physicians Using the SBAR Process" explains how to carry out the SBAR technique.
- "SBAR Report to Physician About a Critical Situation" is a worksheet/script that a provider can use to organize information in preparing to communicate with a physician about a critically ill patient.

Composite 11. Nonpunitive Response to Mistakes

1. Leadership Response to a Sentinel Event: Respectful, Effective Crisis Management
http://www.ihi.org/resources/Pages/Tools/LeadershipResponseSentinelEventEffectiveCrisisMgmt.aspx

This tool was developed by the Institute for Healthcare Improvement (IHI). IHI periodically receives urgent requests from organizations seeking help in the aftermath of a serious organizational event, most often a significant medical error. In responding to such requests, IHI has drawn on learning and examples assembled from many courageous organizations over the last 15 years who have respectfully and effectively managed these crises.

2. Patient Safety and the "Just Culture": A Presentation by David Marx, J.D.
http://www.health.ny.gov/professionals/patients/patient_safety/conference/2007/docs/patient_safety_and_the_just_culture.pdf

This presentation on Patient Safety and the Just Culture by David Marx defines just culture, the safety task, the just culture model, and statewide initiatives in New York.

Cross-references to resources already described:

- Composite 2. Feedback and Communication About Incidents, #1 Call to Action: Safeguarding the Integrity of Healthcare Quality and Safety Systems
- Composite 5. Organizational Learning, #1 Decision Tree for Unsafe Acts Culpability
- Composite 10. Communication Openness, #1 SBAR Technique for Communication: A Situational Briefing Model

Composite 12. Staffing

1. Consistent Assignment
https://www.nhqualitycampaign.org/goalDetail.aspx?g=CA#tab4

Advancing Excellence Campaign has identified best practices pertaining to consistent assignment. This Web site contains a collection of tools, guides, and resources to help nursing homes get started.

2. Creation of Households Program in Nursing Home Improves Residents' Health Status, Reduces Staff Turnover, and Boosts Demand for Services
https://innovations.ahrq.gov/profiles/creation-households-program-nursing-home-improves-residents-health-status-reduces-staff

This featured profile is available on the Agency for Healthcare Research and Quality's Innovations Exchange Web site. Meadowlark Hills, a retirement community, renovated one of its facilities, so that residents can live together in group households and become more independent. The innovator noted that the change in approach led to improvements in residents' health, a sharp decrease in staff turnover, and a significant increase in demand for facility services, all without raising operating costs.

3. Just In Time Toolkits for Staffing Transformation
https://www.pioneernetwork.net/Providers/JustInTime/Staffing

This toolkit is the Pioneer Network's comprehensive list of tools to assist nursing homes in various aspects of staffing, culture change, and quality improvement activities that are important to improving care for residents with dementia.

4. Staff Stability
https://www.nhqualitycampaign.org/goalDetail.aspx?g=SS#tab4

Advancing Excellence Campaign has identified best practices pertaining to staff stability. This Web site contains a collection of tools, guides, and resources to help nursing homes get started.

General Resources

1. 2014 National Healthcare Quality and Disparities Report: Chartbook on Patient Safety
http://www.ahrq.gov/research/findings/nhqrdr/2014chartbooks/patientsafety/

This Patient Safety chartbook is part of a family of documents and tools that support the National Healthcare Quality and Disparities Report (QDR). This chartbook includes a summary of trends across measures of patient safety from the QDR and figures illustrating select measures of patient safety. A PowerPoint version is also available that users can download for presentations.

2. 2015 Long Term Care National Patient Safety Goals
http://www.jointcommission.org/assets/1/6/2015_LTC2_NPSG_ER.pdf

The purpose of the Joint Commission Long Term Care National Patient Safety Goals is to improve patient safety in a long-term care setting by focusing on specific goals.

4. AHRQ Impact Case Studies
http://www.ahrq.gov/policymakers/case-studies/index.html?search_api_views_fulltext=patient+safety

AHRQ's evidence-based tools and resources are used by organizations nationwide to improve the quality, safety, effectiveness, and efficiency of health care. This subset of the Agency's Impact Case Studies specific to patient safety highlights these successes, describing the use and impact of AHRQ-funded tools by State and Federal policymakers, health systems, clinicians, academicians, and other professionals.

5. Always Events® Toolbox
http://alwaysevents.pickerinstitute.org/?p=928

The Picker Institute provides tools and strategies to assist health care professionals in implementing Always Events® initiatives and meeting their patient- and family- centered care goals. Always Events are defined as "those aspects of the patient and family experience that should always occur when patients interact with healthcare professionals and the delivery system." These tools and strategies were developed by numerous health care professionals from across the country as they implemented initiatives designed to enhance the care provided to patients through the implementation of Always Events.

6. CAHPS® Improvement Guide
https://cahps.ahrq.gov/quality-improvement/improvement-guide/improvement-guide.html

The extensive and growing use of CAHPS® (Consumer Assessment of Healthcare Providers and Systems) surveys to assess the quality of health plans, medical groups, and other organizations has created a demand for practical strategies that organizations can use to improve patients' experiences with care. This guide is designed to help meet this need. It is aimed at executives, managers, physicians, and other staff responsible for measuring performance and improving the quality of services provided by health plans, medical groups, and individual physicians. This guide includes new improvement interventions and offers additional resources.

7. CAHPS® Nursing Home Surveys
https://cahps.ahrq.gov/surveys-guidance/nh/index.html

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) program is a multiyear AHRQ initiative. This Web site provides information on the CAHPS Nursing Home Surveys, as well as links to three separate instruments: an in-person questionnaire for long-term residents, a mail questionnaire for recently discharged short-stay residents, and a questionnaire for residents' family members.

8. Centers for Medicare & Medicaid Services (CMS): Survey & Certification - Certification & Compliance
https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/NHs.html

This page provides basic information about being certified as a Medicare and/or Medicaid nursing home provider and includes links to applicable laws, regulations, and compliance information. The site also has related nursing home reports, compendia, and a list of special focus facilities (i.e., nursing homes with a record of poor survey [inspection] performance on which CMS focuses extra attention) available for download.

9. Department of Defense Patient Safety Program Toolkits
http://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Quality-And-Safety-of-Healthcare/Patient-Safety/Patient-Safety-Products-And-Services/Toolkits

The Department of Defense Patient Safety Program Toolkits are intended to be small, self-contained resource modules for training and application. The available toolkits include: Briefs and Huddles, Debriefs, Patient Falls Reduction, Patient Activation Reference Guide, Professional Conduct, and Situation, Background, Assessment, Recommendation (SBAR).

10. Enhanced Toileting Program Reduces Incontinence and Its Comorbidities Among Residents of Long-Term Care Facility
https://innovations.ahrq.gov/profiles/enhanced-toileting-program-reduces-incontinence-and-its-comorbidities-among-residents-long

This featured profile is available on the AHRQ Health Care Innovations Exchange Web site. A long-term care facility adopted an enhanced toileting program consisting of the following components: individualized toileting plan of care based on periodic resident assessments, revised and new care documentation tools, devices to assist with toileting, and comprehensive education and training for facility staff. The program led to a sharp decline in the prevalence of incontinence (from 76 to 38 percent of residents) and in associated comorbidities and staff injuries.

11. Facts about the Official "Do Not Use" List
http://www.jointcommission.org/facts_about_do_not_use_list/

In 2001, The Joint Commission issued a Sentinel Event Alert on the subject of medical abbreviations, and just one year later, its Board of Commissioners approved a National Patient

Safety Goal requiring accredited organizations to develop and implement a list of abbreviations not to use. In 2004, The Joint Commission created its "do not use" list of abbreviations as part of the requirements for meeting that goal. In 2010, NPSG.02.02.01 was integrated into the Information Management standards as elements of performance 2 and 3 under IM.02.02.01.

12. Get Connected! Toolkit: Linking Older Adults With Medication, Alcohol, and Mental Health Resources
http://store.samhsa.gov/shin/content//SMA03-3824/SMA03-3824.pdf

This toolkit developed by the National Council on Aging helps service providers for older adults learn more about alcohol and medication misuse and mental health problems in older adults to address these issues more effectively. It has been designed to help these service providers undertake health promotion, advance prevention messages and education, and undertake screening and referral for mental health problems and misuse of alcohol and medications. This toolkit helps providers coordinate these efforts and links organizations and the older adults they serve to other valuable community-based and national resources.

13. Guide for Developing a Community-Based Patient Safety Advisory Council
http://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/final-reports/advisorycouncil/advisorycouncil.pdf

The *Guide for Developing a Community-Based Patient Safety Advisory Council* provides information and guidance to empower individuals and organizations to develop a community-based advisory council. These councils involve patients, consumers, and a variety of practitioners and professionals from health care and community organizations to drive change for patient safety through education, collaboration, and consumer engagement.

14. Home-Like, Self-Directed Environment Provides Superior Quality of Life Than in Traditional Nursing Homes and Assisted Living Facilities
https://innovations.ahrq.gov/profiles/home-self-directed-environment-provides-superior-quality-life-traditional-nursing-homes-and

This featured profile is available on the AHRQ Health Care Innovations Exchange Web site. THE GREEN HOUSE® model provides older adults with an alternative to nursing homes and traditional assisted living facilities. These communities provide groups of 7 to 10 older adults a comfortable, warm, home environment and staff who provide the highest level of clinical care while nurturing relationships and older adults' autonomy. A 30-month evaluation suggests that THE GREEN HOUSE® adults receive equal or higher quality of care and report better quality of life than residents of nursing homes.

15. Long-Term Care Improvement Guide
http://planetree.org/wp-content/uploads/2015/05/LTC%20Improvement%20Guide%20For%20Download.pdf

This guide was developed by Planetree, Inc., to propel long-term care communities in their improvement efforts by presenting a collection of concrete strategies for actualizing a

resident- directed, relationship-centered philosophy. It supplies providers with tools, data, and practical resources so they can make informed decisions as they consider implementing culture change initiatives to deliver person-centered care.

16. Making Your Printed Health Materials Senior Friendly
http://www.nia.nih.gov/health/publication/making-your-printed-health-materials-senior-friendly

This tip sheet, developed by the National Institute on Aging, describes how to tailor health information when writing for older adults and when designing materials for older adults.

17. Medically Induced Trauma Support Services (MITSS)
http://www.mitsstools.org/tool-kit-for-staff-support-for-healthcare-organizations.html

Medically Induced Trauma Support Services (MITSS), Inc., a non-profit organization whose mission is "to support healing and restore hope" to patients, families, and clinicians who have been affected by an adverse medical event, developed a toolkit for clinician support. MITSS also provides an organizational assessment tool and a comprehensive work plan.

18. Multimorbidity Pocket Card
http://www.americangeriatrics.org/files/documents/MultimorbidityPocketCardPrintable.pdf

This tool is based on *Patient-Centered Care for Older Adults with Multiple Chronic Conditions: A Stepwise Approach* from the American Geriatrics Society and has been developed to assist health care providers implement the 5 Guiding Principles in taking care of older adults with multimorbidity.

19. National Blueprint: Increasing Physical Activity Among Adults Age 50 and Older
http://www.physicalactivityplan.org/resources/BlueprintPA-OlderAdults.pdf

This tool was developed by the Robert Wood Johnson Foundation to guide organizations, associations, and agencies in planning strategies to help people age 50 and older increase their physical activity.

20. National Quality Strategy Stakeholder Toolkit
http://www.ahrq.gov/workingforquality/nqs/nqstoolkit.pdf

This toolkit was created to support the activities of private and public organizations to advance the mission of the National Quality Strategy. This toolkit contains fact sheets that can be printed and distributed, blogs and social media announcements for online use, and briefing slides for presentations that can be used to explain the national effort to improve the health and health care of all Americans. The information can be tailored to suit an organization's messaging about its involvement in the National Quality Strategy, which sets priorities to achieve better care, healthy people/healthy communities, and more affordable care.

21. Nursing Home "Neighborhoods" Emphasize Dignity and Independence, Leading to Improvements in Resident Health and Quality of Life and Lower Employee Turnover
https://innovations.ahrq.gov/profiles/nursing-home-neighborhoods-emphasize-dignity-and-independence-leading-improvements-resident

This featured profile is available on the Agency for Healthcare Research and Quality's Health Care Innovations Exchange Web site. Providence Mount St. Vincent (known as "The Mount") developed and implemented a new model for nursing home care in which most residents live in a "neighborhood" of 20 to 23 residents. The neighborhood contains a cluster of private and shared rooms and a large kitchen/dining area that serves as the central gathering spot for meals and activities. The Mount's approach also focuses on giving residents more independence, autonomy, and dignity than in a traditional nursing home, leading to a greater sense of community and a higher quality of life for residents, as well as a better work environment for employees.

22. Nursing Home Quality Initiative
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/index.html?redirect=/nursinghomequalityinits/45_nhqimds30trainingmaterials.asp

The Nursing Home Quality Initiative (NHQI) Web site provides consumer and provider information regarding the quality of care in nursing homes.

23. Older Adults: Designing Health Information To Meet Their Needs
http://www.cdc.gov/healthliteracy/developmaterials/audiences/olderadults/index.html

This Web site provides tools and resources to help public health professionals improve their communication with older adults by focusing on health literacy issues. These resources are for all professionals and organizations that interact and communicate with older adults about health issues. These organizations include public health departments, health care providers and facilities, government agencies, nonprofit/community advocacy organizations, the media, and health-related industries.

24. Patient Safety Primer: Medication Errors
http://psnet.ahrq.gov/primer.aspx?primerID=23

A growing evidence base supports specific strategies to prevent adverse drug events (ADEs). The AHRQ Patient Safety Network outlines strategies providers can use at each stage of the medication use pathway – prescribing, transcribing, dispensing, and administration – to prevent ADEs. These strategies range from computerized provider order entry and clinical decision support to minimizing nurse disruption and providing better patient education and medication labeling. The primer also identifies known risk factors for ADEs, including health literacy, patient characteristics, high-alert medications, and transitions in care.

25. Person-Centered Care
https://www.nhqualitycampaign.org/goalDetail.aspx?g=PCC#tab4

Advancing Excellence Campaign has identified best practices pertaining to person-centered

care. This Web site contains a collection of tools, guides, and resources to help nursing homes get started.

26. Pioneer Network
https://www.pioneernetwork.net/Providers/ProviderTools/

Pioneer Network is a center for all stakeholders in the field of aging and long-term care whose focus is on providing home and community for elders. This Web site features tools, articles, and links for providers on culture change and quality improvement in nursing homes.

27. Quality Improvement Savings Tracker Worksheet
http://www.ihi.org/resources/Pages/Tools/QISavingsTrackerWorksheet.aspx

The Quality Improvement Savings Tracker Worksheet may be used throughout the organization to track cost savings associated with waste reduction efforts and to adjust for annual changes. The tool enables the organization to compare expenses in the area of interest to expenses incurred the year prior and adjust for wage increases and productivity/volume changes. The organization can then use the worksheet to track any investments made with the savings accrued.

28. SAFER Guides
http://www.healthit.gov/policy-researchers-implementers/safer

SAFER guides, released by the Office of the National Coordinator for Health Information Technology (ONC) at the Department of Health and Human Services, are a suite of tools designed to help health care providers and the organizations that support them assess and optimize the safety and safe use of electronic health information technology products, such as electronic health records (EHRs). Each SAFER Guide addresses a critical area associated with the safe use of EHRs through a series of self-assessment checklists, practice worksheets, and recommended practices. Each SAFER Guide has extensive references and is available as a downloadable PDF and as an interactive web-based tool.

Areas addressed include:

- High Priority Practices
- Organizational Responsibilities
- Patient Identification
- Computerized Physician Order Entry (CPOE) with Decision Support
- Test Results Review and Follow-up
- Clinician Communication
- Contingency Planning
- System Interfaces
- System Configuration

29. Staying Healthy Through Education and Prevention (STEP)
http://www.ahrq.gov/professionals/education/curriculum-tools/stepmanual/index.html

This tool was developed by Good Samaritan Society and Leading Edge. The Staying Healthy Through Education and Prevention (STEP) implementation guide is a tool for continuing care retirement community staff to implement the STEP program. The STEP program is an evidence- based exercise program focusing on walking and strength training for seniors. This guide provides the information, tools, curricular material, and other resources needed to successfully implement the STEP program in continuing care retirement communities.

Falls Management/Prevention

1. Best Practice Intervention Packages for Fall Prevention
http://www.homehealthquality.org/Education/Best-Practices.aspx

The Best Practice Intervention Packages (BPIP) were designed for use by any home health agency to support efforts to reduce avoidable acute care hospitalizations. The topic of this package is falls prevention.

2. Department of Veteran Affairs National Center for Patient Safety Falls Toolkit
http://www.patientsafety.va.gov/professionals/onthejob/falls.asp

The Department of Veterans Affairs National Center for Patient Safety (NCPS) worked with the Patient Safety Center of Inquiry in Tampa, Florida, and others to develop the NCPS Falls Toolkit. The toolkit is designed to aid facilities in developing a comprehensive falls prevention program. This Web site contains links to the falls notebook, media tools, and additional resources.

3. Falls Free: Promoting a National Falls Prevention Action Plan
http://www.ncoa.org/improve-health/center-for-healthy-aging/content-library/FallsFree_NationalActionPlan_Final.pdf

This tool was developed by the Archstone Foundation, the Home Safety Council, and the National Council on Aging and is featured on the AHRQ Health Care Innovations Exchange Web site. This action plan was developed in response to escalating concerns about falls and fall-related injuries among the aging population. It highlights strategies and preliminary action steps developed by participants in the Falls Free Summit. Thirty-six strategies are proposed, based on input from summit participants, organized under five goal areas.

4. Falls Management Program
http://www.ahrq.gov/professionals/systems/long-term-care/resources/injuries/fallspx/index.html

This interdisciplinary program is available from AHRQ. It is designed to assist nursing facilities in improving their fall care processes and outcomes through educational and quality improvement tools.

5. Interdisciplinary Team Identifies and Addresses Risk Factors for Falls Among Nursing Home Residents, Leading to Fewer Falls and Less Use of Restraints
https://innovations.ahrq.gov/profiles/interdisciplinary-team-identifies-and-addresses-risk-factors-falls-among-nursing-home

This featured profile is available on the AHRQ Innovations Exchange Web site. Ethica Health and Retirement Communities has developed a falls management program, the cornerstone of which is an interdisciplinary - falls team at each nursing home that regularly assesses residents for their risk of falling and develops intervention plans for those found to be at high risk. The team also documents and investigates every fall and takes steps to reduce the chance of recurrence. The program led to a slight decline in falls and a large reduction in use of restraints.

6. Patient Fall Prevention and Management Protocol With Toileting Program
http://www.ihi.org/resources/Pages/Tools/PatientFallPreventionManagementProtocolwithToiletingProgramVAMCBayPines.aspx

This tool is used to identify patients at risk for falls and to outline recommendations for the nursing management of patients at risk for falls or who have a history of falls.

7. Primary Care Provider Fax Report and Orders
http://www.ahrq.gov/professionals/systems/long-term-care/resources/injuries/fallspx/fallspxmanapb10pcp.html

This tool is used to communicate the results of a falls assessment to the physician, nurse practitioner, or physician's assistant. It includes a FAX Cover Sheet, Falls Assessment Report, and Fax Back Orders for the primary care provider to complete.

Pressure Ulcer Reduction

1. Braden Scale for Predicting Pressure Sore Risk
http://www.bradenscale.com/images/bradenscale.pdf

This rating scale for nurses and other health care providers is featured on the AHRQ Health Care Innovations Exchange Web site. It predicts a patient's level of risk for developing pressure ulcers. The scale is composed of six subscales that measure functional capabilities of the patient that contribute to either higher intensity and duration of pressure or lower tissue tolerance for pressure.

2. Daily Skin Care Flow Sheet
http://www.ihi.org/resources/Pages/Tools/DailySkinCareFlowSheet.aspx

This tool was developed by the Yuma Regional Medical Center and is used by nurses to help identify the interventions needed for those patients with an identified deficit in any or all of the Braden subscales.

3. How-To Guide: Prevent Pressure Ulcers
http://www.ihi.org/resources/Pages/Tools/HowtoGuidePreventPressureUlcers.aspx

This guide was developed by the Institute for Healthcare Improvement and describes key evidence-based care components for preventing pressure ulcers, describes how to implement these interventions, and recommends measures to gauge improvement. The guide was initially developed as part of IHI's 5 Million Lives Campaign.

4. AHRQ's Safety Program for Nursing Homes: On-Time Prevention
http://www.ahrq.gov/professionals/systems/long-term-care/resources/ontime/index.html

AHRQ launched a program to help frontline nursing home staff reduce the occurrence of in-house pressure ulcers, providing residents with more efficient, effective, and patient-centered care. The On-Time Quality Improvement for Long-Term Care program is an innovative program designed to improve day-to-day practice in nursing homes, improve and redesign workflow, enrich work culture, and reduce pressure ulcers. This Web site contains program materials, a video, and readiness and health information technology assessment tools available for download.

5. Pressure Ulcer Clinical Tools & Resources
http://qio.ipro.org/nursing-homes-hac/clinical-topics-tools-resources/pressure-ulcer-clinical-tools-resources

This tool is featured on the AHRQ Health Care Innovations Exchange Web site. Information & Quality Healthcare works with nursing homes to reduce the number of patients with pressure ulcers. This site provides various resources on the assessment, treatment, and prevention of pressure ulcers. The tools available for download include:

- Pressure ulcer data tracking resources.
- Other pressure ulcer resources.
- Quick assessment of leg ulcers.
- Skin check form.
- Communication form.
- Skin care plan form.

6. Pressure Ulcer Prevention Points
http://www.ihi.org/resources/Pages/Tools/PressureUlcerPreventionPoints.aspx

This tool was developed by the National Pressure Ulcer Advisory Panel. This tool provides a detailed description of pressure ulcer prevention points, with references to literature and other resources.

7. Pressure Ulcer Prevention: A Nursing Competency-Based Curriculum
http://www.ihi.org/resources/Pages/Tools/PressureUlcerPreventionAnNursingCompetencybasedCurriculum.aspx

This training was developed by the National Pressure Ulcer Advisory Panel, which provides this sample curriculum to prepare registered nurses with the minimum competencies for pressure ulcer prevention.

8. Prevention and Treatment Program Integrates Actionable Reports Into Practice, Significantly Reducing Pressure Ulcers in Nursing Home Residents
https://innovations.ahrq.gov/profiles/prevention-and-treatment-program-integrates-actionable-reports-practice-significantly

This featured profile is available on the AHRQ Health Care Innovations Exchange Web site. The On-Time Pressure Ulcer Prevention and Treatment Program uses standardized documentation data elements and actionable clinical reports that are integrated into practice at nursing homes; the goal of the program is to help nursing home staff identify and address risk factors for pressure ulcers in residents.

9. Preventing Pressure Ulcers Turn Clock Tool
http://www.ihi.org/resources/Pages/Tools/PreventingPressureUlcersTurnClockTool.aspx

The turn clock tool is posted to alert staff that this patient has been identified as being at risk for pressure ulcers. It serves as an important reminder to reposition the patient every 2 hours, a key component of care for at-risk patients.

10. Skin Care Facts: Pressure Ulcer Prevention
http://www.ihi.org/resources/Pages/Tools/SkinCareFactsPressureUlcerPrevention.aspx

This fact sheet was developed by Iowa Health in Des Moines. This poster can be used to display important facts about skin care necessary to avoid pressure ulcers.

11. Staff Training and Support, Incentives, and Feedback Fails To Generate Sustainable Reductions in Pressure Ulcers at Nursing Home
https://innovations.ahrq.gov/profiles/staff-training-and-support-incentives-and-feedback-fails-generate-sustainable-reductions

This profile is available on the AHRQ Health Care Innovations Exchange Web site. Guided by a university research team, a 136-bed, not-for-profit nursing home in Pennsylvania implemented a quality improvement program to reduce the incidence of pressure ulcers (PUs). The program had three components: increasing workers' ability to recognize and prevent PUs, giving them incentives to perform better, and providing management and staff with performance feedback. Although there was a significant reduction in PUs during the program's 3-month implementation period, these gains were not sustained.

12. Pressure Ulcer Baseline Assessment Survey for Registered Nurses and Nursing Assistants
http://www.ihi.org/resources/Pages/Tools/PressureUlcerBaselineAssessmentSurveyforRegisteredNursesandNursingAssistants.aspx

This self-assessment tool can be used by nurses to determine their knowledge of how to prevent and care for pressure ulcers.

Pain Management

1. Enhancing the Management of Neuropathic Pain in the Long-Term Care Setting
http://achlpicme.org/ltc/CMEInfo.aspx

This tool was developed by the Academy for Continued Healthcare Learning (ACHL) and is featured on the AHRQ Health Care Innovations Exchange Web site. The toolkit provides strategies and templates to help long-term care facilities and their clinicians implement a performance improvement project. The goal of this project is to help clinicians accurately and appropriately manage residents with neuropathic or persistent pain.