VHQC – Reducing healthcare Acquired Conditions in Nursing Homes Network

Moderator: Sheila McLean
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12:00 PM ET

Operator:
Good afternoon, ladies and gentlemen, and thank you for waiting. Welcome to the VHQC conference call. All lines have been placed on listen-only mode and the floor will be open for your questions and comments following the presentation. Without further ado, it is my pleasure to turn the floor over to your host, Sheila McLean. Ms. McLean, the floor is yours.

Sheila McLean:
Thank you, Wes, and good afternoon, everyone, and welcome to our Maryland-Virginia Nursing Home Improvement Network webinar. I am Sheila McLean, Program Director for Maryland, and joining me today is Marcy Gillespie, Program Director for Virginia. Marcy and I will oversee the different improvement networks in our respective states, and we will work closely with the quality improvement consultants directly serving you as nursing facility providers. I will be facilitating our presentation this afternoon, and Marcy and I both will be available at the end of the presentation for questions.

We are excited to kick off our Nursing Home Improvement Network. This will be an interactive session, so we ask that you participate by responding to our polling questions and chat questions. Please note that the polling questions will open to the right hand of your screen as they occur. And to be able to view our chat, if you will notice at the top of your screen and to the right-hand side, you will see a little bubble that says Chat below it. If you will click that bubble, that will open the chat box for you and you can see the conversations that are occurring.

As I mentioned, we will be taking questions at the end. Feel free to ask questions using the telephone lines or the chat box. I will begin our session with a brief overview of VHQC and the new Quality Improvement Organization, or QIO, program structure. We have a provider and a family member joining us, and they will share some recent nursing home quality improvement success. Finally, I will be sharing information about our new quality improvement initiative, the Nursing Home Improvement Network.

So, we have our first polling question, and I'm going to ask our webinar support, Emily, if she would be able to open that polling question for us. And if you would take a moment to answer: Have you previously worked with a Quality Improvement Organization before? As you are taking time to answer that question, I would like to share some information about VHQC. Some of you are very familiar with us and others are just getting to know us.

VHQC is a private, not-for-profit healthcare consulting firm and has served as the QIO for the state of Virginia since 1984. As I said, we are excited about the opportunity to now serve as the QIO for Maryland and Virginia. VHQC consultants come from a wide range of healthcare backgrounds. Our experienced team includes former hospital executives, nursing home administrators, physician practice managers, nurses, health information managers, physicians and pharmacists. Building on our Quality Improvement Organization experience and electronic health record adoption, data reporting and care coordination, we also serve as Virginia's statewide regional health

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IT extension center known as Virginia Health IT program, or VHIT. VHQC has also led two of the Centers for Medicare and Medicaid Services, Quality Improvement Organization national coordinating centers. These coordinating centers supported all of the state's QIO programs and served to strengthen our understanding of provider needs and supporting education across multiple states.

Beginning August 1, CMS implemented changes to the QIO program. First, to eliminate any potential conflicts of interest, CMS separated Medicare case review activities from quality improvement work. Case review activities are now performed by Beneficiary and Family Center Care QIOs, or also known as BFCC QIOs. There are two national contractors that operate as the BFCC QIOs. KePRO serves at the be BFCC for Maryland and Virginia, and for your convenience we have listed KePRO's contact information here for you.

The step to separate case review from quality improvement work led to the creation of Quality Innovation Network QIOs, or QIN-QIOs. So, now we have two QIOs. Just to review, the BFCC QIO, and now the QIN-QIO. The Quality Innovation Networks, like Virginia, will place a singular focus on quality improvement. Fourteen Quality Innovation Network QIOs will support work across the country. The QIN-QIOs are regional and cover two to six states, and we have a map here so you can kind of see how that falls out. And, as we shared, VHQC is the QIN-QIO for Maryland and Virginia, and our contract used to run three years with CMS, and now our contract cycle has been extended to five years.

As the Quality Innovation Network, VHQC will continue to champion local level results oriented change. This effort will be data-driven. We will actively seek to engage providers, patients, families, and other partners. There will be a proactive, intentional innovation spread that improves care and is sustainable. We will facilitate Learning and Action Networks, using all-teach and all-learn methods. We will share practical strategies for improvement, and VHQC will teach and advise its technical experts. Our ultimate goal is to help you implement those strategies and make widespread improvements within your settings, communities, and across state lines. And, of course, this can only be accomplished with effective communication.

Pictured here, you will see an overview of what we will be working on as a Quality Innovation Network, and CMS has had these goals for some time now and you may even be familiar with these goals. It is called a Triple Aim, and the triple aims are better health, better care, and lower cost. Under these aims we list the objectives of our current QIN-QIO contracts. All of our different initiatives will fall in one of these categories. The Nursing Home Improvement initiative is under better care. We will be continuing very intentional work on reducing health-care-acquired conditions.

As I shared, VHQC has served as Virginia's QIO since 1984. Many of those years we have worked with the state nursing facility providers. Our most recent nursing facility initiative, the Virginia Nursing Home Quality Improvement Network ended July 2014. I wanted to briefly share the success of this initiative.

First, we had 27 nursing facilities focused on reducing high risk pressure ulcers. This group of nursing facilities achieved a 30% relative improvement rate in reducing high risk pressure ulcers. And then secondly, we had a total of 101 nursing facilities participate in the learning network. These facilities achieved a 6% relative improvement rate in their overall quality composite score. And we will discuss the quality composite score in more detail shortly. These facilities were also able to achieve a 15% relative improvement rate in reducing unnecessary antipsychotic medications.

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I have invited one of the providers that participated in our learning network to share their quality improvement story this afternoon. It is my pleasure to introduce Betty DeOrnellas, Administrator, and Allison Kingston, QI nurse for Meadowview Terrace. Betty, the floor is yours.

Betty DeOrnellas:
Thank you, Sheila. As Sheila said, my name is Betty DeOrnellas. I am the administrator at Meadowview Terrace. We are a 150-bed, duly certified nursing facility in Clarksville, Virginia. You probably have no idea where Clarksville is. We are down on the North Carolina line about in the middle of the state.

We were built in 2001 at 120 beds, and in a 2011 we added 30 beds, for a total of 150. We were originally built in a neighborhood design, where we had three neighborhoods, and we do decentralized dining and those types of activities. We added in 2011, two households. In those five units we have two secured dementia care units, one in a neighborhood design, one in a household design. And we are very proud of all of our facility and us being able to make the accomplishments we have over the last few years.

Our facility was able to trend our quality composite score, measure score down consistently every month with the help and resources we gained access to by participating in the Virginia Nursing Home Quality Improvement Learning Network. The learning network participants were asked to identify an opportunity for improvement and to set an improvement goal. We selected to work extra hard on reducing antipsychotic medications.

Over the last year we have strived and become a five-star rated facility for CMS, and that has really been exciting for us because we started as a one-star facility. Allison is now going to talk to you about our antipsychotic medication reduction program.

Allison Kingston:
Okay. So, as you can probably see from this graph, we were able to make a tremendous improvement in our antipsychotic usage from the start of our focus, which was in January 2013 and continued into April. We are still working at sustaining this today.

We put a lot of systems into place to help us achieve our goals, and with any change you make to a current process or anything you start that is new, we definitely had a few trials along the way. But I would like to share some of the things that we tried that I feel like helped us to get where we are today.

First, I would like to start off with we required all of our staff to go to in-servicing using the hand-in-hand training. And not only did we make this mandatory and extended it to all of our staff, but we spread out the modules over time. We did one a month so that the staff could really get a solid understanding of the material.

When we went in the direction of doing this, we decided that we were going to have these modules taught by the administrator instead of me doing it myself. And I feel like having our senior leader to teach this material showed our staff just how important the information was and, needless to say, everybody paid pretty good attention.

Something else that we did that was kind of interesting, we put into practice what we call a phone call rule. We

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had memos that were in all the nurses' stations that literally said STOP! If you have a resident that is experiencing behaviors, you must call the DON or the administrator, and it listed there actual phone numbers. It also made a note that it did not matter what time of day or night it was. Now, while this probably wasn't much fun for our DON or our administrator, it was kind of our way of getting feedback and perspective from the leaders to the frontline staff if they felt like maybe they were out of ideas or didn't know what else they could do with some of our residents. It also made them accountable to actually try some of these interventions that we have listed that they could try before they did have to call one of them.

Basically, I guess it was one of the last steps at getting more minds into place and to coming up with an idea that maybe that particular nurse might need help with, or might have missed. Our hope with this was to avoid having to make that call to the doctor and possibly coming out of the conversation with a doctor ordering a new antipsychotic medication.

I'm not sure that this plan, it might not be ideal for all administrators or DONs, but ours were just as adamant as I was to see these numbers decrease and therefore they were willing to help however they could. And they liked being involved in the communications of who had what behaviors and what medications our medical director was ordering.

So, the government and leadership are, as I call it, element 2 of the QAPI elements, proved to be really effective in both the hand-in hand teaching and with our phone call rule. So, with that said, when you are searching for ideas and ways to improve on anything, I have found it imperative to have people involved from the top all the way down.

Another way we branched off of having everyone involved was to hold quarterly antipsychotic meetings. Everyone attends these meetings -- the medical director, the pharmacist, the administrator, the DON, myself, nurse managers, and frontline staff that include CNA's and nurses. What I did was I created a look-back spreadsheet based off of a monthly desk copy that we get from our MVS coordinator of who is on an antipsychotic for the month. And so when I get those every month I transfer these onto a spreadsheet and I follow it, and I take a copy of that to the antipsychotic meetings are everyone that comes to look at.

So, the spreadsheet has every resident listed who is on an antipsychotic, their diagnosis, their medication and their dosage. And some of these residents, they have been on these medications for year or more, and that is also reflected on the spreadsheets, that they can date back even -- some of them date back a couple of years.

So, anyways, when an antipsychotic is decreased or stopped, the resident's block on the spreadsheet for the month is green, and if they are increased or started I turn their block red. So it, it is just easier for us to look at the spreadsheets and decipher who is been reduced and who needs to have a GDR, or a gradual dose reduction. It's kind of a way of double-checking ourselves to make sure that we haven't missed a six-month GDR trial.

So, just having the team in there with the chart and the physician in the frontline staff to discuss any pertinent information to a resident helps us decide what we can do for that particular resident. And then right there we can order, or we can write the orders for the doctor and she can sign it so it keeps it from falling to the wayside if we decide that a GDR is good for that resident at that moment. So, this tracking form we created has really helped us to stay organized.

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Sometimes when we would come out of these meetings we would feel really excited because we would feel like we had decreased, we decreased, and we decreased, and we can finally stop this person, and we go to make the family aware, and that is where we meet resistance. So, we've had to get creative and we have actually had to offer medication PRN so that if they needed they can have it. And sometimes the families are more comforted in knowing that it is there if they need it. And you don't always have to give it. Actually, I don't think we have ever had to give it. Once they see that they've had it PRN and they didn't use it, they are more comfortable in letting you DC it. So, that is just another way we have been able to get people off who are ready but whose families prove to be more difficult than the actual resident. So, these are just a few ideas and things that we put into place here at Meadowview. But I attribute a lot of our success not only to this but to the help of VHQC as well.

So, the VHQC offered assistance and resources to aid our facility with our goal of antipsychotic reduction. After learning how to be more proactive at things like the QAPI workshop, we were able to bring that back and formulate a QAPI team that meets here monthly where frontline staff as well as management from all departments in our facility come together to be proactive and formulate ideas together and communicate.

VHQC offers a multitude of webinars and they are informative and they are free. These webinars ranging information from how to achieve your success but also on how to sustain it. The networking sharing we gained was amazing. We have always had an opportunity to ask questions. Best practices were always available, and we were even able to host a workshop here at our own facility and it was great to have people here and formulate those relationships and be able to discuss these goals with others striving for success as well. The resources were extremely helpful and I can always find educational materials I need on the website. And the best thing for me was the data, because the data that was given back to me for the facility was visual and comparative. And as a visual person, is really just help me immensely to see the plunge in numbers. It really made it feel real for me. So, we appreciated the opportunity. Next slide?

If any of you have any questions or would like any more information, please don't hesitate to contact Betty or myself. This our contact information.

Sheila McLean:
Thank you Betty and Allison. I really appreciate you both willing to share today. I want to just give a friendly reminder at this point about the chat box. If you have recently joined us and maybe didn't hear the opening instructions, if you look at the top of your computer screen there is a little bubble, and below that it says Chat. If you click that button it will open the chat box for you. And we have asked, for those who have previously worked with a QIO, what quality improvement success have you experienced? We would like to hear about your success this afternoon, if you would like to take a few minutes and put that in the chat box. We can see from the polling question that about 40% of the audience, approximately, had participated in QIO projects in the past. So, love to hear about your success.

Now I would like to share some more details regarding our next improvement initiative, and that is the Nursing Home Improvement Network. As with any quality improvement project, you need to know your aim. Our aim is to instill quality improvement processes, eliminate healthcare-acquired conditions, and improve resident and family satisfaction in Maryland and Virginia nursing facilities.

The Nursing Home Improvement Network will build on the progress of the last three years that nursing facilities have made, and so that will give us an opportunity to learn from those like Betty and Allison, who participated with us in the most recent initiative. But also they will be able to continue their success, but also with having new providers joining in, they will be able to learn from those facilities' trials and errors and best practices. And, of course, the network covers Maryland and Virginia. The network will provide strategies and education that can be applied to facility-specific improvement opportunities, and strategies will be based on best practices of high-performing nursing facilities nationwide. And the timeframe for the network is 2014 through 2019.

We have some specific goals that we want to accomplish through the efforts of the Nursing Home Improvement Network, and those goals are decrease antipsychotic medication use, decrease potentially avoidable hospitalization, increase mobility of long-stay residents, and achieve a score of 6 or less on the National Nursing Home Composite Measure.

I shared earlier that we would talk a little bit more in detail about the National Nursing Home Composite Measure. The composite score is comprised of 13 national quality forum endorsed long-stay quality measures that represent larger systems within the long-term care setting, and I have listed those 13 measures on this slide and the next for your reference. But how we get the composite score is of these 13 quality measures, the numerator is found and the denominator is found, and then, of course, the numerator is divided by the denominator. This is the next listing of those quality measures.

VHQC received this information directly from the CASPER Report. This information has been put into graphs and sent to the nursing facilities to support QI activities. You had heard Allison reference some of the visuals that we provided for their data review, and this is some the data that we would provide to our nursing facilities and will continue to provide to the nursing facilities.

The composite score measure is intended for the sole purpose of measuring progress in the Nursing Home Improvement Network. It is not intended to replace any existing CMS measures or scores, such as the five-star rating.

We also have some optional topic areas that facilities can choose from. This will be based on individual facilities as they identify opportunities within their setting. So you will have the possibility to choose from additional quality improvement topic areas, and some of those topic areas and opportunities will include system-level improvement, such as working on staff stability, improving consistent assignments, teambuilding, finance and leadership. We also will be focusing on some health-associated infections and other healthcare-acquired conditions if needed by facilities and identified as opportunities for improvement. And those range in things such as high risk pressure ulcers, reducing urinary tract infections, reducing C. diff.

You will note in the chat box, if you have that open, that we have asked you what other quality improvement opportunities you would like tools, resources and education to be offered for. Please give us your feedback because, again, this is a program that Taylor's to your needs, so we need to hear from you so that we know how to serve you in your residents and families.

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So, by now you may be asking yourself how will we achieve our goals? This will require a collaborative approach between nursing facility providers, quality improvement consultants, and between states. The Foundation for the Nursing Home Improvement Network is Quality Assurance Performance Improvement, QAPI. Using QAPI as the foundation, VHQC will create an all-teach, all-learn environment. VHQC will provide and facilitate opportunities for facilities to share best practices. High-performing nursing facilities will have an opportunity to serve as peer mentors. Quality improvement principles and techniques along with topic-specific education will be offered in the form of webinars and workshops. And providers will have access to an online community platform that provides improvement resources with proven effectiveness.

And Maryland's and Virginia's nursing facilities will participate in two national Nursing Home Quality Care collaboratives, which then brings us as the two states together across the nation with all the other states to implement rapid cycle improvement.

Providers will also receive a change package which includes tools and resources used by high-performing nursing facilities across the nation. The change package will provide you ideas, improvement strategies to test within your respective facilities in order to demonstrate improvement. Participants will conduct Plan-Do-Study-Act, or PDSA cycles, to test those improvement strategies. The network offers group sharing of what works to improve resident care. This will help you to avoid recreating the wheel, and then VHQC quality consultants will be there to provide expertise and support.

I mentioned a moment ago peer mentoring. We are seeking high-performing nursing facilities willing to serve as peer mentors. We are also seeking resident family members to serve as peer mentors. Mentors will be aligned with their area of expertise and according to diversity of community. Our goal is to identify mentors in different geographic locations within each state. The reason for this is that mentors operating within the same geographic areas as nursing homes they are mentoring will have a better understanding of the challenges and opportunities within that area. For example, Southwestern Virginia is a different market than the Tidewater area of Virginia. And Baltimore's a different market than the Eastern Shore of Maryland. Peer mentors will receive training and quality improvement methodology, quality measure data, and adult learning techniques.

I shared we are seeking family members and our residents to serve as peer mentors. We want to involve the resident and family voice in quality improvement. Who better to involve than those that our work directly impacts. VHQC has actively sought input from residents and families. We ask that you as providers do the same with your quality improvement projects.

At this time, I am pleased to introduce Kim West. Kim serves as the family voice on VHQC's Long-term Care Advisory Council. Kim also serves as the Family Council president for Golden Living Elizabeth Adam Crump Manor located in Richmond, Virginia, where her mother resides. I have asked Kim to share with us today how she has partnered with the staff and leadership at Golden Living Elizabeth Adam Crump Manor to improve quality. Kim, welcome.

Kim West:
Thank you, Sheila. One of the big things that I found that we needed to do was to develop a relationship with the facility. So, in order to work as a partner with them on any type of project we had to first develop the rela-

tionship. It is key that families in the facility leadership develop the relationship based on transparency, trust and respect.

As the new Family Council president, one of the first things I took was working with the facility leadership to provide the QAPI education for Family Council. To support facilities and educating and inviting families to partner in the quality improvement, VHQC created a facility-directed QAPI education for family councils. And this resource can be found on the VHQC website.

Next, I actively sought facility leadership participation in Family Council meetings. So, we have had the administrator speak, we have had the DONs, we have had dietary. So this kind of created the opportunity for the facility to keep family members informed and provided a way for family members to ask questions. At Elizabeth Adam Crump we also created a Family Council newsletter, and this helps the families understand what's going on, what is going to be presented at the Family Council meetings, and the facility totally supports that by taking on the mailing responsibilities.

While myself and family members provide feedback regarding their quality improvement efforts, right now we do not actively serve on any project improvement team. This is something that we started discussions with the facility and they are very willing to work with us on. Thanks, Sheila.

Sheila McLean:
Thank you, Kim, for sharing. I appreciate it. You may be also by this time asking yourself what is the benefit of joining the Nursing Home Improvement Network? Well, the benefits include a flexible, no-cost structure for improvement, Quality Assurance Performance Improvement tools and resources, or QAPI, and some of us may even call this QAPI.

One of the tools and resources in our arsenal for the Nursing Home Improvement Network that we have ready to go is actually a template to help facilities write their QAPI plan when the regulations become final. I still do not have an update as to when we will see the regulation become final. There has been no news as to when we will see that. However, when we get that regulation, this tool and resource is ready at hand for facilities. We are just hesitant to put that out there because, as we all know, CMS can make changes before they issue the final ruling, and we don't want to have an outdated resource out there for you. We want to make sure that we are current. So that is something of that we have ready to go.

You will also have access to the latest strategies and techniques from successful colleagues and QI experts. You will be offered intervention development ideas and assistance, and support for participation in other quality improvement initiatives.

And speaking of those other quality improvement initiatives, we know that facilities have many things that they are trying to accomplish in the day, and many of those things relate to quality improvement. So, we have intentionally created the Maryland-Virginia Nursing Home Improvement Network to be a support and align with those other quality improvement efforts. We do not intend for the improvement network to be one more thing for you to do. We really want this to be a method for you doing your QI work and really benefiting across-the-board in the different areas that you focus on each day.

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The network will align with your organizational quality goals. As you can see, a lot of the goals that we reviewed are things that we work on every day in nursing facilities. As I mentioned, we are very much aligned with QAPI. That is our foundation.

As we probably all have heard last week that the Partnership to Improve Dementia Care announced their new goals, and the new national goals are to reduce the use of antipsychotic medications in long-stay nursing home residents by 20% by the end of 2015, and 30% by the end of 2016. In addition to posting the measure of each nursing facility's use of antipsychotic medications on CMS Nursing Home Compare website, in coming months CMS has also shared that they plan to add the antipsychotic measure to the calculation that the agency uses for each nursing facility's five-star rating. So, we can see that this is going to have a high impact on our nursing facilities, and we want to partner with you to make those improvements and meet those goals.

We also align with Advancing Excellence. I know several of you all that have joined us today are participants in the Advancing Excellence campaign. For those that are not familiar with this, this is a voluntary quality improvement initiative that kicked off back in 2009, and we mirror a lot of the goals that are with the Advancing Excellence campaign.

The campaign offers a wealth of tools and resources and education around many of the same goals that we have and will be focusing on. They have data tracking tools. So, our plan is not to re-create the wheel; we will be directing you to Advancing Excellence, where there are already proven tools, resources and strategies available. And as we find we might need data tracking systems, we will look to them to provide those tracking systems because they are already established.

We also know that many nursing facilities belong to AHCA, and many of those members go for the AHCA quality award, so many of the quality improvement goals that you set within your facility and the improvement network can be the same goals and projects that you used to win the AHCA quality award. And then, of course, finally, our goals are aligned with CMS's Nursing Home Action Plan of 2012.

Today, I would like to invite each of you to join the Nursing Home Improvement Network. And by becoming a participant member of the network, we ask that you commit to forming an interdisciplinary quality improvement team, completing a QAPI self-assessment. This QAPI self- assessment is a tool that CMS has created as part of the QAPI preparations for their QAPI reg. So, some of you all may even be familiar with this tool. So, if you have not completed it, we ask that you do that and then review it annually.

We also ask that you join the Advancing Excellence campaign. As I said, they have a lot of great tools and resources and data tracking systems already created, so we will be using some of their system for the sake of efficiency and proven strategies. We ask that you grant VHQC as a QIN-QIO access to see your Advancing Excellence data. We will not share that data with any other agency. It is merely, again, to monitor the progress in the Nursing Home Improvement Network and to support you as a facility in your improvement efforts. So, it is only for the use of this project by VHQC.

We ask that you utilize a data-driven and proactive approach to quality improvement; that you develop and apply

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strategies for implementing QAPI and overall quality. We ask for your participation in network activities, and that you actively share best practices with other facilities.

In turn, VHQC commits to you the following: We commit to preparing data reports and facilitating analyses to support overall quality improvement; to providing consultation by qualified staff and faculty with expertise in quality improvement. We will facilitate sharing best practices and evidence-based tools and resources to support overall quality improvement. We commit to developing and facilitating collaboration using workshops, affinity groups and peer mentoring. And finally providing you with the expertise and practical assistance that is needed to make improvements.

So, next steps. To join us in the Nursing Home Improvement Network, we ask that you complete and return the participation agreement. And the participation agreement was included in your confirmation materials today. There is a link at the bottom of your confirmation message where you found the slides. Included in those links is our actual participation agreement. If you would like to even read a little bit more detail about the Nursing Home Improvement Network, will we also in that same confirmation email included a nursing home fact sheet about the improvement network, and we also provided a letter of invitation. So, all of those materials are in your confirmation email you received.

We also ask that you join the Advancing Excellence campaign. If you have never register before, we ask that you register and select goals. If you are a current participant in the campaign, we ask that you update your information and goals. And then, as I said, agree for VHQC as the quality improvement network in QIO to view the data.

VHQC can assist you with signing on to the Advancing Excellence campaign, so my contact information is going to be at the end of this presentation. So, if you need assistance in either updating your username or password, or just the process of how I join, please reach out to me and I can walk you through that process. And then also we ask, as we get to know each other and we get involved in the project, that you recommend residents in our family peer mentors.

At this time, we will take some questions and answers. I can see that we have already had some feedback in the chat box. We have a question of where do we exactly have to go to complete the QAPI self-assessment? Is it accessible via the Web or not? If accessible, can you please send us the Web link? And my colleague here at VHQC, Amy [Lent], has provided a link to the QAPI self-assessment, and it can be found on our VHQC website, which is vhqc.org, for those of you all that maybe are unable to see the chat screen. Wes, at this time, if you would please open up the phone lines for any questions.

Operator:
Certainly. The floor is now open for your questions. If you have a question or comment, please press 7 or Q on your telephone keypad. Again, for a question or comment, please press 7.

Sheila McLean:
While people are thinking of their question, I always want to note in the chat box that we had someone say that they would like for us to include information on decreasing health-associated infections with a focus on UTIs as part of the Improvement Network activity. So, thank you for that feedback. So, if you have, again, any questions

about the network, we will be glad to take them, or if you would like to suggest some topic areas, please do so on the phone line as well.

Operator:
At this time there are no questions.

Sheila McLean:
Well, in closing, I am going to share my contact information with you. Please feel free to contact me either via telephone or email if you have any questions or thoughts after you have had time to digest this information. I am super excited about this opportunity to work in Virginia and Maryland, and to improve the care that our residents receive, and work with providers directly to make those improvements. If you have any problems in accessing the resource materials, also reach out to me. I will be glad to get those to you. We are actively accepting participation agreements, so I hope you all are eager as I am and you will sign those participation agreements this afternoon and either email those over to me or scan those over to me.

One point that I realize I did not make that I do need to make in regards to the participation agreement. The participation agreement must be signed by either the CEO, COO, owner or administrator of the nursing facility. So, it does have to be that higher executive leadership that signs the participation agreement. And that really goes into that quality improvement has to have support of leadership, so that's the thought behind getting that leadership to sign the commitment agreement.

So, again, I appreciate your time today and your attention. Any questions, thoughts, reach out to me, and I will look forward to working with each of you. As you leave today, please take a moment to complete our evaluation questions. You should notice that a polling box has been opened on the right-hand side of your screen, and if you could just take time to give us feedback. As we move forward, we want to make sure that we are providing you the information that you need and that you find helpful. So, we take this feedback very seriously and appreciate it. So, with that said, thank you and enjoy the rest of your afternoon. Good day.

Operator:
Thank you. This concludes today's teleconference. We appreciate your participation. You may now disconnect your line at this time.

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