

# Kansas PEAK 2.0 Program

Preliminary Findings on the Effects of PEAK 2.0 on Resident Health and Satisfaction



*A partnership for improving the lives of elders in Kansas*

## What is PEAK 2.0?

Background Summary

PEAK 2.0 began in 2011  
Pay-for Performance Program

K-State Center on Aging Administers the program  
Educate, Develop Resources, Support, and Evaluate Homes in the Program.

PEAK 2.0 Focuses on Deep Organizational Change:  
This takes commitment & hard work  
Involves the whole organization  
Impacts: Leadership, strategy, culture, and systems  
Learn more: <http://www.he.k-state.edu/aging/outreach/peak20/>

## PEAK 2.0 Participation Incentive

Number of Homes	Level	Per Diem Incentive	
16	The Foundation	\$0.50	\$8,212.50 per year
79	1: Pursuit of Culture Change	\$.050	
77	2: Culture Change Achievement	\$1.50	\$24,637.50 per year
6	3: Person-Centered Care Home	\$2.00	
2	4: Sustained PCC Home	\$3.00	\$65,700 per year
7	5: PCC Mentor Home	\$4.00	



## K-State PEAK 2.0 Team

Because of rising levels of implementation the PEAK team has grown and now includes:

- **Gayle Doll and Migette Kaup**, *Co-Investigators*
- **Laci Cornelison**, *Program Coordinator*
- **Jackie Sump**, *Project Consultant*
- **Judy Miller**, *Project Consultant*
- **Krystal Nelson**, *Project Consultant*
- **Donna Fox**, *Project Consultant*
- **Stephanie Gfeller**, *Content Developer and Consultant*
- **Samantha Ricard & Sally Hodges**, *Project Specialists*

Combined, the team has over 100 years of experience in nursing homes. They have served in the following roles:

- Social Service Director
- Life Enhancement
- CODA
- LPN/RN
- ADON
- DON
- Household Coordinator
- Hair Stylist
- Board Member
- Healthcare Designer
- Fitness Instructor
- Dietary Aide
- CNA
- Receptionists
- Accounts Receivable
- Medical Records
- Administration
- Consultant
- Mentor
- Social Work
- Gerontologist

## PEAK 2.0 Team: Yearly Activities

2016-17 Timeline

### January

February / March

April / May

June

July

August

September

October

November

December

- **Enrollment opens**
- **KCCI Survey opens**
- **Conducted 3 Action Plan and Leadership Trainings Regionally**
- **Requested evaluation documents from 165 homes**

## PEAK 2.0 Team: Yearly Activities

2016-17 Timeline

January

**February / March**

April / May

June

July

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December

- **Conducted 3 Zoom meetings with Foundation homes**
- **Received and reviewed documents from 165 homes**
- **Set up and managed Zoom meetings for 152 homes**
- **Conducted/Managed 152 Zoom Evaluations**
- **Conducted 25 Onsite Evaluations**
- **Processed, tracked, and returned 165 evaluations.**
- **Fielded phone calls regarding the evaluations and action plans.**
- **Attended PEAK Award Ceremonies across the state**

## PEAK 2.0 Team: Yearly Activities

2016-17 Timeline

January

February / March

**April / May**

June

July

August

September

October

November

December

- Conducted 20 Full Onsite Visits
- Received and Reviewed 165 Action Plans
- Distributed Workbook to all Foundation Homes
- Distributed the PEAK Experience Survey to program participants

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## PEAK 2.0 Team: Yearly Activities

2016-17 Timeline

January

February / March

April / May

**June**

July

August

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December

- Returned Action Plan Feedback to 165 Homes
- Return KCCI scores to homes

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## PEAK 2.0 Team: Yearly Activities

2016-17 Timeline

January

February / March

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June

**July**

August

September

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November

December

- Developed strategic plan for the PEAK team
  - Orientation with the Foundation Homes
  - Processed the PEAK Experience Survey Data for use by the PEAK advisory team
-

## PEAK 2.0 Team: Yearly Activities

2016-17 Timeline

January

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**August**

September

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- Attended and presented at the Pioneer Network Conference
- Attended and Presented at the KACE Conference
- Developed and published the Core Considerations Resource
- Developed more Action Plan Resources

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## PEAK 2.0 Team: Yearly Activities

2016-17 Timeline

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**September**

October

November

December

- Zoom meeting with Foundation Homes
- Recruited homes to present webinars
- Recruited 2 more consultants

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## PEAK 2.0 Team: Yearly Activities

2016-17 Timeline

January

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**October**

November

December

- Conducted 6 Mentor Home Experiences with Foundation Homes
  - Hosted 10 webinars on all 12 core areas of PEAK
  - Attended and presented at the Leading Age National Conference
-

## PEAK 2.0 Team: Yearly Activities

2016-17 Timeline

January

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**November**

December

- **Zoom meeting with Foundation Homes**
- **Attended the Gerontological Society of America Conference**

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## PEAK 2.0 Team: Yearly Activities

2016-17 Timeline

January

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**December**

- **Revised Handbook and Workbook**
- **Readied the Website for enrollment**
- **Began getting ready for evaluations**
  - creating documents, communicated with homes, randomly selecting site visit homes

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## Research / Outcomes from PEAK



- The Center on Aging / *LeadingAge* research partnership to analyze PEAK 2.0 program data; clinical and resident satisfaction measures:
  - MDS, publically reported organization-level data
  - *My InnerView*.

# Executive Summary

Key Findings and Impacts

- Person-Centered Care Adoption has demonstrated impacts:
  - Most significant for homes that have implemented comprehensive PCC practices
  - Sustaining these practices are key to quality improvements for both health and satisfaction in PEAK homes.

This data was analyzed by Dr. Linda Hermer through our cooperative research partnership with *LeadingAge*.

# Executive Summary

Key Findings and Impacts


*These results demonstrate that Kansas has implemented one of the most effective and impactful pay-for-performance programs in the US.*

This data was analyzed by Dr. Linda Hermer through our cooperative research partnership with *LeadingAge*.

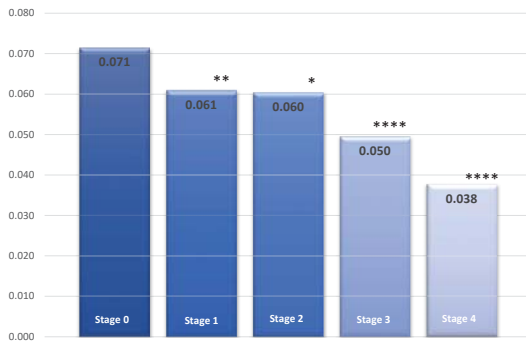
# Research Categories

(Stage versus PEAK Level)

Stage	Corresponding PEAK Level(s)	Description / Criteria for Category
Stage 0	None	Not participating in PEAK 2.0
Stage 1	Foundation	Undergoing year of structured education and training, developing action plan
Stage 2	Level 1	Adopting PCC in 4 program areas
Stage 3	Level 2	Adopting PCC in 8-12 program areas
Stage 4	Levels 3-5	Sustaining adoption of PCC in all 12 program areas



A key is provided on each slide for reference.



### Depressive Symptoms

Stage:  $F(4,1837)=3.70, p=.0052$

Major depressive symptoms declined by 42% from Stage 0 (non-participants) to Stage 4 (Levels 3-5).



<https://projectayemprende.wikispaces.com/2015+Ideas+de+negocio+del+proyecto+5>

*We believe that the level of engagement that PCC creates as well as residents being honored as a person and having more control over their own lives are significant factors in this reduction.*

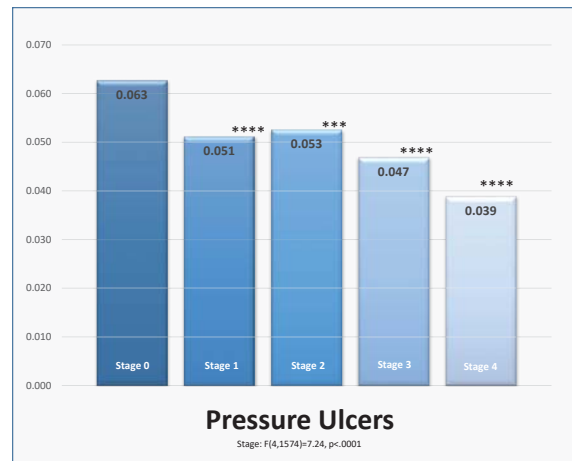
Stage 0 = Homes not in PEAK    Stage 1 = Homes in Foundation Year    Stage 2 = Homes at Level 1    Stage 3 = Homes at Level 2    Stage 4 = Homes at Levels 3-5

Low-risk residents with pressure ulcers declined by 38% from Stage 0 (non-participants) to Stage 4 (Levels 3-5).



<http://blog.dnevnik.hr/jja/2008/10/index>

*This is an important health outcome for residents, and a strong indicator of better quality care.*

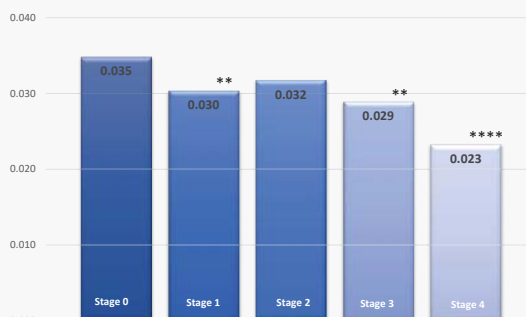


### Pressure Ulcers

Stage:  $F(4,1574)=7.24, p<.0001$

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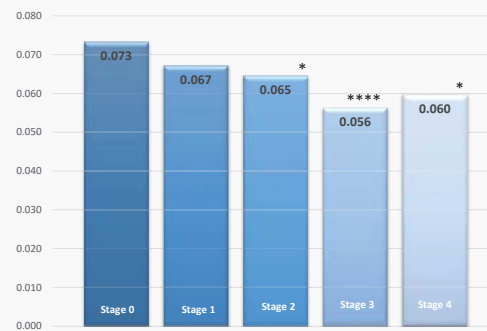
Residents with an in-dwelling catheter declined significantly, by 34% from Stage 0 (non-participants) to Stage 4 (Levels 3-5).



### Catheter Use

Stage:  $F(4,1534)=4.38, p=.0016$

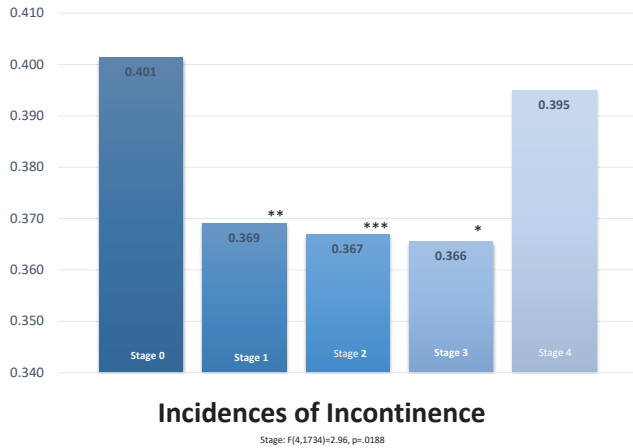
Residents with urinary tract infections declined significantly, by 18% from Stage 0 (non-participants) to Stage 4 (Levels 3-5).



### Urinary Tract Infections

Stage:  $F(4,1837)=3.70, p=.0052$

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Low-risk residents with an **incontinent episode** showed a significant decline of over 10% from Stage 0 (non-participants) to Stage 3 (Level 2), but did not decline among Stage 4 homes' residents.



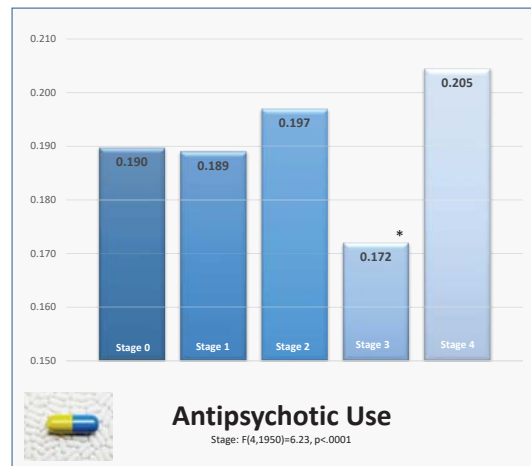
<https://www.flickr.com/photos/wingedwolf/5471047557>

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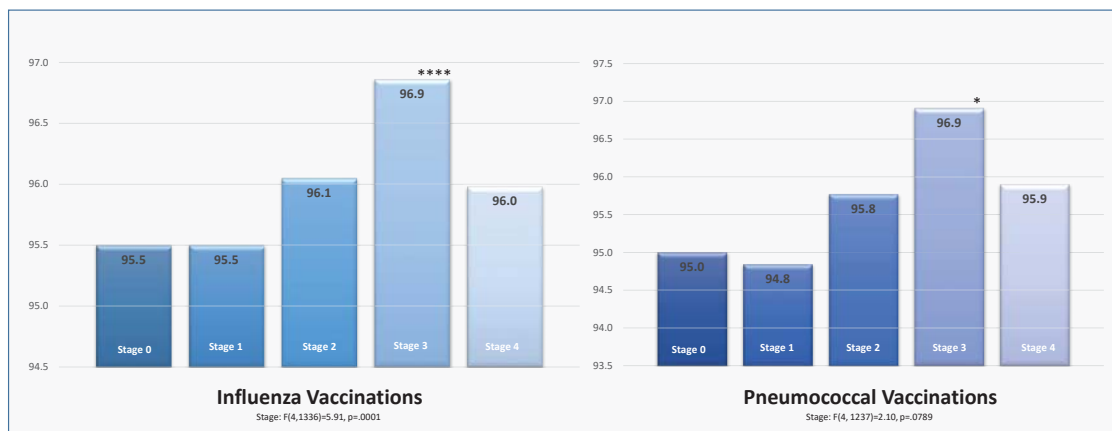
**Residents on antipsychotics** showed a significant decline of 14.7% from Stage 0 (non-participants) to Stage 3 (Level 2), but did not decline among residents in Stage 4 homes.



[www.reclamos.cl/reclamo/farmacias\\_aumento\\_indiscriminado\\_de\\_los\\_precios\\_de\\_remedios](http://www.reclamos.cl/reclamo/farmacias_aumento_indiscriminado_de_los_precios_de_remedios)



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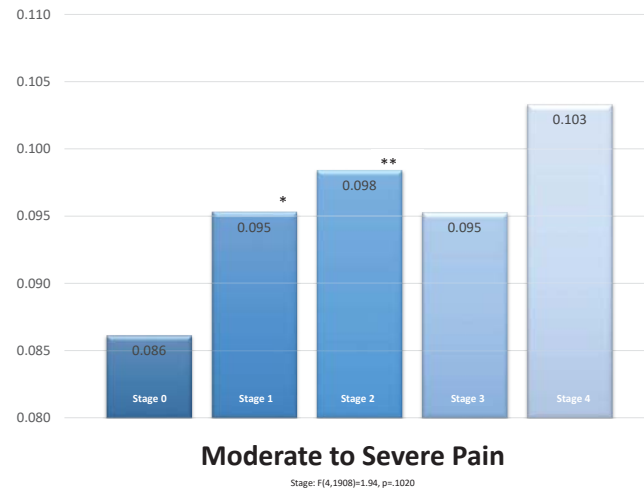


The proportion of residents receiving seasonal vaccines increased significantly from Stage 0 (non-participants) to Stage 3 (Level 2), but did not increase in other stages.

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Residents **reporting moderate to severe pain** increased at mildly (\* & \*\*) significant rates between Stage 0 and Stages 1 and 2.



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## Other Clinical Outcomes

(Long-Stay MDS 3.0 Measures)

### Other significant clinical outcomes:



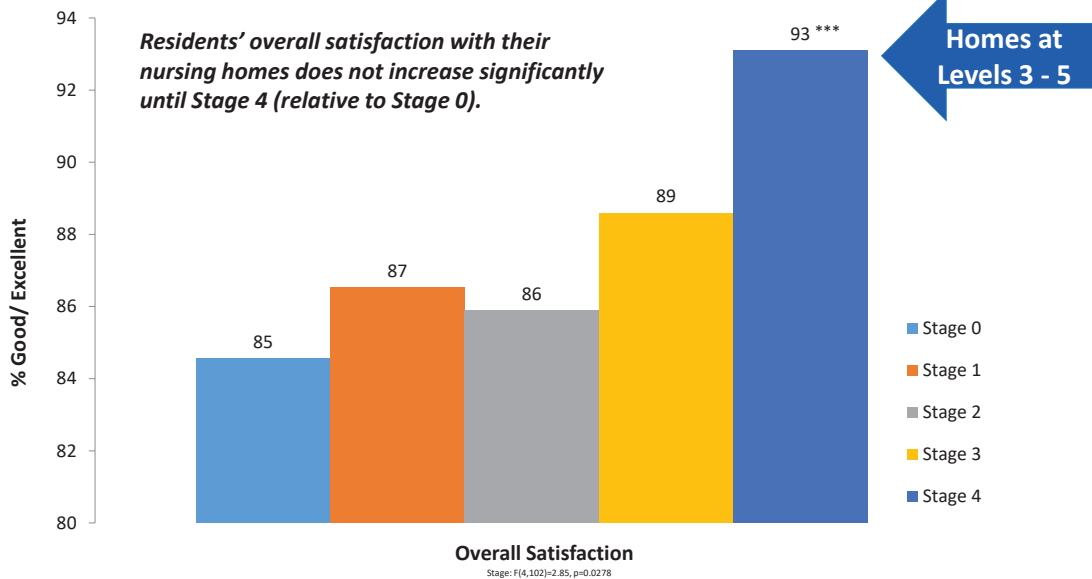
- Residents losing **excessive weight** decreased significantly overall (Stage: F(4,1534)=4.38, p=.0016);
- The proportion of **residents experiencing falls with major injury** increased significantly overall (Stage: F(4,1921)=4.89, p=.0006).



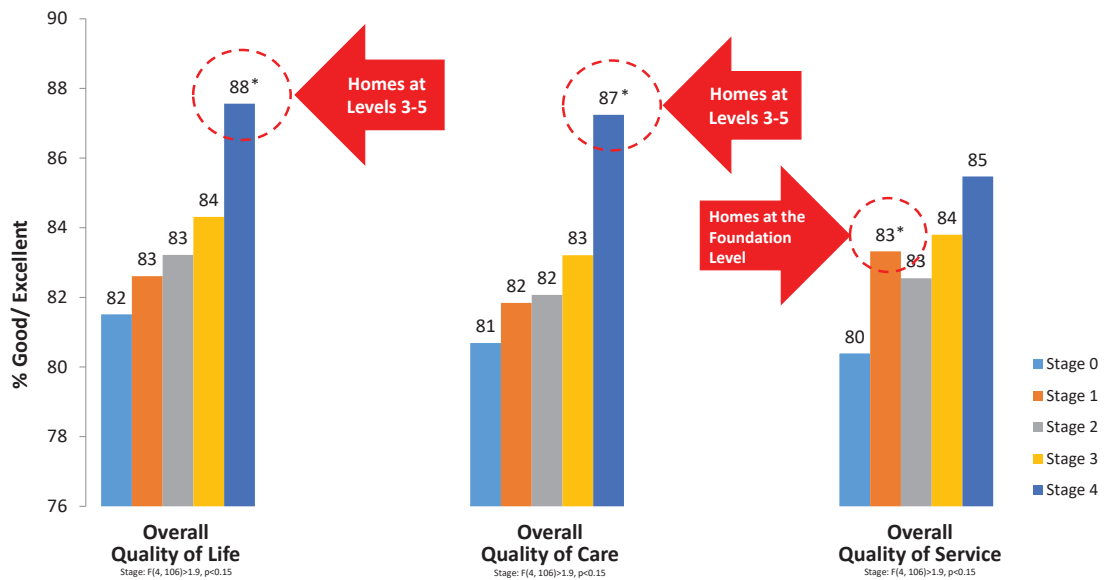
## Quality of Life & Satisfaction Highlights

(Resident Surveys from MyInnerView)

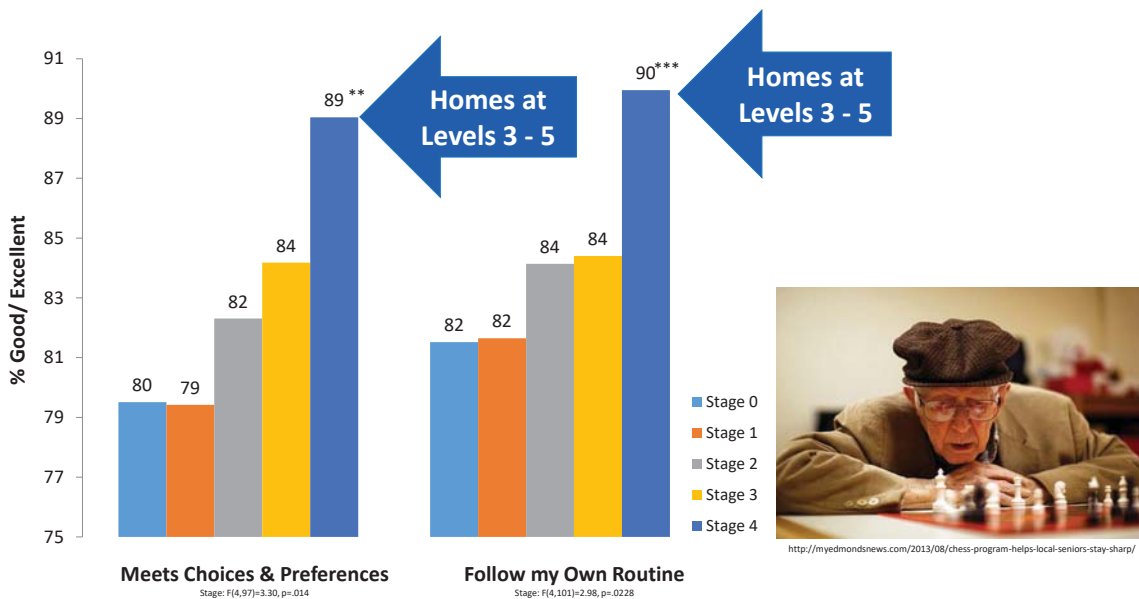
- **My InnerView: Satisfaction Survey**
  - 30 individual items organized by:
    - Quality of Life (QoL)
    - Quality of Care (QoC)
    - Quality of Service (QoS)
  - Resident Responses
    - 81% of Kansas facilities
    - 2013-14 & 2014-15 PEAK Program Years



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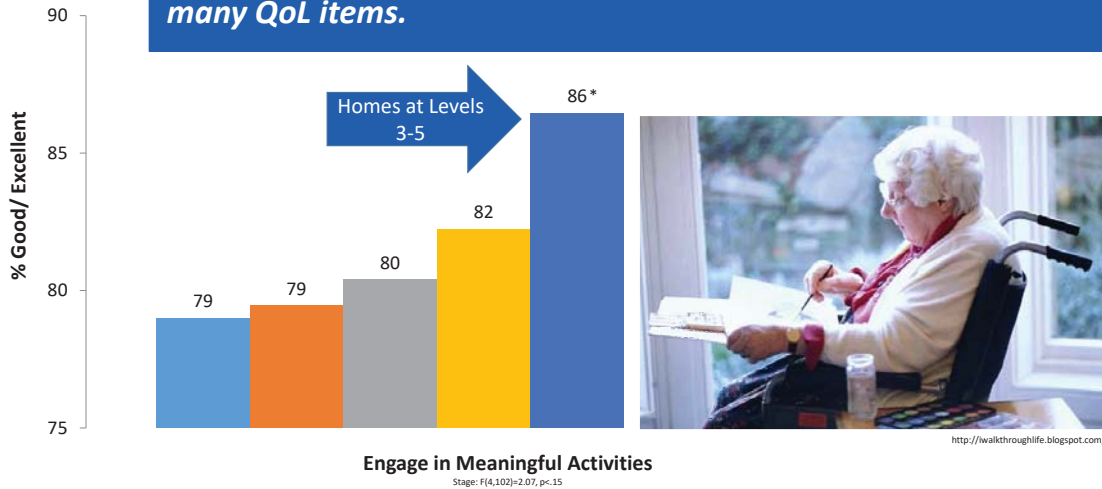


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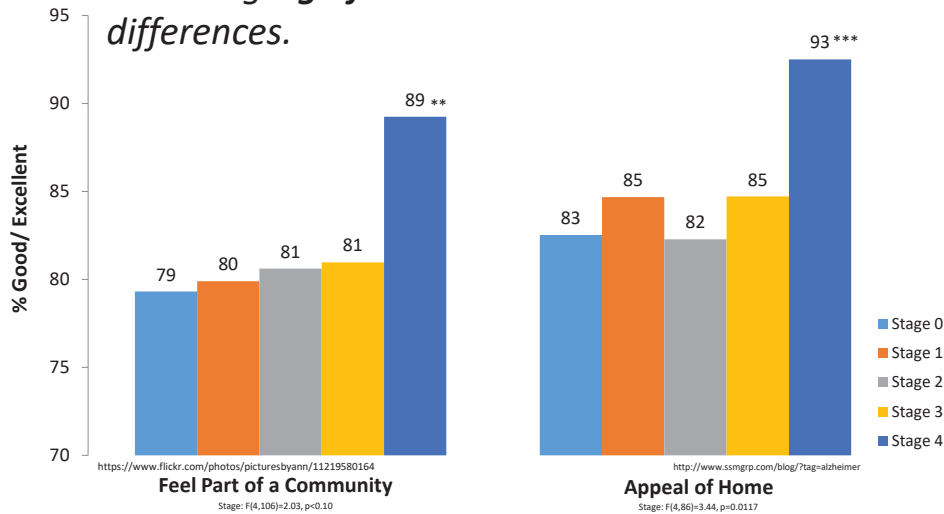
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*Comprehensive adoption appears to be a "tipping point" for many QoL items.*



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*Homes at Levels 3 – 5 are observing significant differences.*



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# Individual Satisfaction Outcomes

(Survey Structure & Comprehensive Results)

*This supports our position that comprehensive and sustained adoption of PCC practices has the greatest impact and value for residents who live in skilled care settings.*



<http://www.nesta.org.uk/blog/top-tips-volunteering-health-and-ageing-space>

## PEAK 2.0

Demonstrated Effectiveness

- **PEAK 2.0 is a multi-layered, multi-step process**
  - Re-evaluation of service and setting
  - Engages all stakeholders
- **PEAK 2.0 Outcomes**
  - Comprehensive and sustained adoption are most impactful.
  - Improvements in clinical and satisfaction measures of 10-40% are unprecedented in the US.

## PEAK 2.0

Questions / Reactions

- **Do these results help you understand the potential effectiveness of the PEAK 2.0 program?**
  - Yes, I am more encouraged about the effectiveness of this program
  - No, I am not encouraged about the effectiveness of the program
- **What questions / comments do you have about the PEAK 2.0 program or presented results of the program's impact?**

# PEAK 2.0

## Enrollment

- Next Enrollment deadline is April 15, 2018. Homes can enroll at: <http://www.he.k-state.edu/aging/outreach/peak20/>
- Program information (criteria and handbook) can be found at: <http://www.he.k-state.edu/aging/outreach/peak20/2017-18/>
- A map of homes currently enrolled in PEAK: <http://www.he.k-state.edu/aging/outreach/peak20/homes.html>

*17 new homes have enrolled for the 2017-2018 grant year.*

