How to succeed under new national policies that will impact your operations and revenue

David Gifford MD MPH

Atlantic City NJ

Mar 15th, 2016

Changes Impacting SNFs

Payment & Regulatory Changes

- Hospital HRRP, VBP & HAC
- SNF VBP
- CJR
- SNF QRP
- Five Star
- RoP
  - QAPI
  - Infection control
  - Medication Prescribing
  - Transitions of Care

Important Outcomes

- DC to community
- Rehospitalization
- LOS
- Five Star Rating
- Outcomes after discharge
- Unintended health care Outcomes
- Satisfaction
- Staff turnover

Payment & Referrals Linked to Quality

- SNF PAC networks & referrals will be tied to
    - SNF Quality
    - Five Star ratings
    - Hospital payment programs

- SNF Part A payments linked to quality in Oct 2018
    - SNF VBP Statute requires CMS to implement a 2% withhold of SNF Part A payments that can be returned based on your rehospitalization rates

- Medicaid programs implementing VBP
    - MN links performance on 26 QMs to Medicaid rates

Five Star determines referrals

- MA plans creating networks based on Five Star
- Hospitals & ACO use Five Star to establish networks
- CMS waives hospital 3 day stay to qualify for Part A SNF stay for SNFs with 3, 4 or 5 Star for hospital discharges from
  - Pioneer ACO hospitals
  - CJR hospitals

Features of Successful Health Care Organizations

- Use data to track performance
  - Set goals and make them visible
- Conduct Root cause analysis
  - Need right philosophy or view point
- Teams to pilot test new ideas and approaches
  - Pilot tests short time periods with few residents at a time
- Leadership
  - Empower staff to solve problems
  - Provider resources to staff to achieve goals and solve problems
- Problem solving and learning
  - Adverse events viewed as opportunities to learn
  - Learn from others

What is Your Value to Hospitals and Insurers?

CMS HOSPITAL VBP IMPACT SNFs

- Hospitals are financially penalized up to 5.75% for quality
  - Hospital Readmission Reduction Program (HRRP) links 3% of payments to 30 day readmissions
  - Hospital VBP ties 1.75% of payments with composite quality score
  - Hospital Acquired Condition (HAC) links 1% of payments to composite adverse events score
  - Comprehensive Care for Joint Replacement (CJR) links a payment cut or bonus to cost and quality targets

HRRP readmission Measure

- 30 day readmission rate for hospital discharge diagnoses
  - AMI
  - CHF
  - Pneumonia
  - Hip & Knee
  - COPD

- Any readmission for <u>any reason </u>to any hospital from any location in next 30 days following hospital discharge counts

Hospital VBP Composite Measure 2016[1]

- *Clinical process of care **10%***
  - o AMI – thrombolytic use
  - o Pneumonia – antibiotic use; influenza vaccine
  - o HAI prevention Post-op: infections; DVT and AMI
- *Patient satisfaction **25%***
- *Patient Outcomes **40%***
  - o *30 day mortality for AMI, heart failure, and pneumonia,*
  - o *AHRQ Patient Safety Index -90 Composite:*
  - o *HAIs*
    - ✓ *CLABSI (Central line-associated bloodstream infection)*
    - ✓ *CAUTI*
    - ✓ *Surgical site infection following hysterectomy or colon surgery*
- *90 day average Medicare Spending per Beneficiary **25%***

[1]Red txt = measures that AL care can impact

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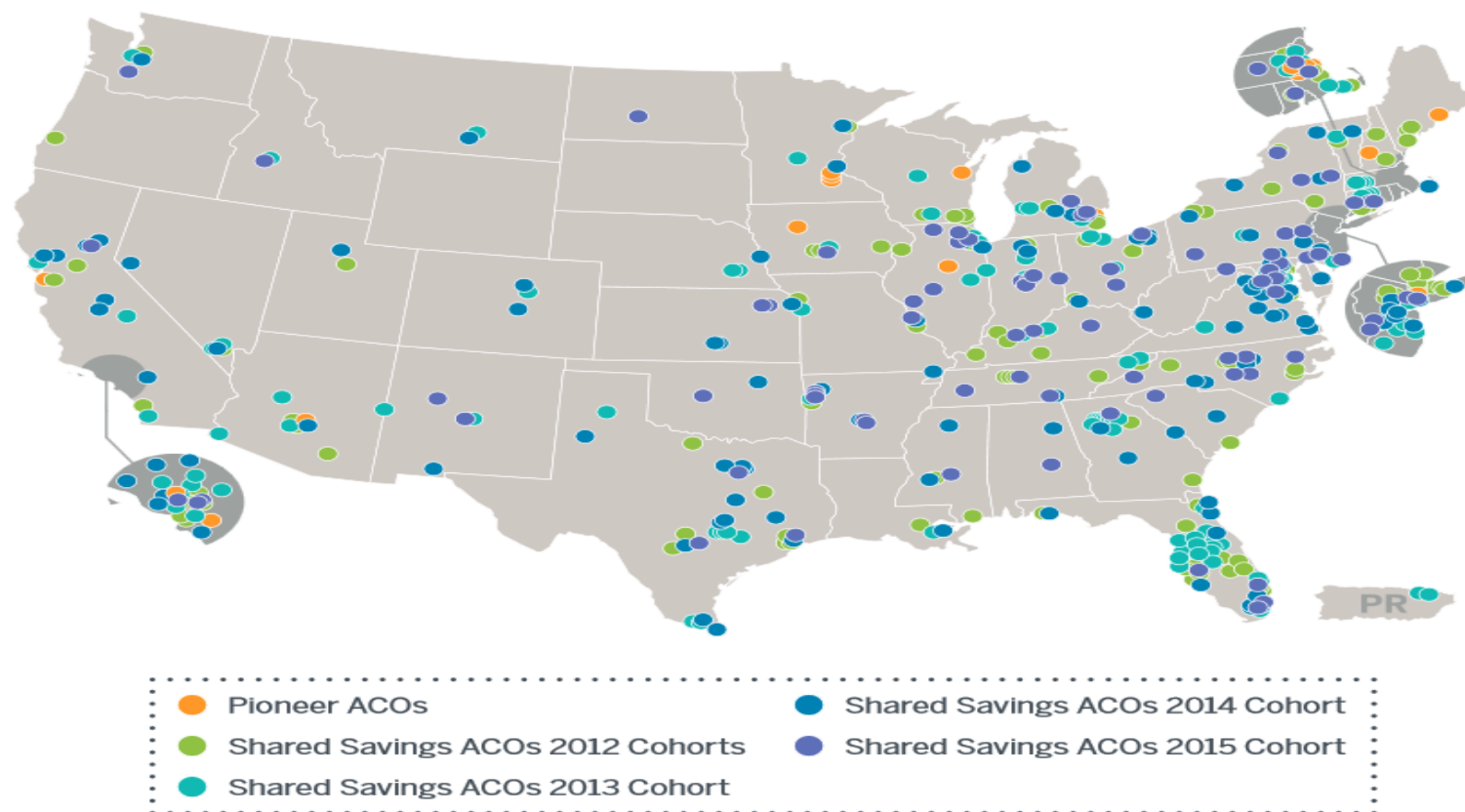
Hospital ACO and Bundle Payment Models

- ACOs & bundle payment models only work financially by
  - lowering hospitalizations over 90 days and
  - Lowering costs, especially over 90 days post hospital discharge
  - Decreasing post-acute care utilization and costs
    - Avoid SNF care or decrease LOS

Accountable Care Organizations (ACOs)

Where the **ACOs** Are
19 Pioneer and 405 Shared Savings Program ACOs[1] as of January 2015

Legend:
- Pioneer ACOs
- Shared Savings ACOs 2012 Cohorts
- Shared Savings ACOs 2013 Cohort
- Shared Savings ACOs 2014 Cohort
- Shared Savings ACOs 2015 Cohort

Source: The Advisory Board Company

Comprehensive Care for Joint Replacement

- Calculates total 90 day cost for hip/knee replacements
  - IF 90d costs less than target; eligible bonus
  - IF 90d costs greater than target; payment penalty
- Bonus linked to composite score based on
  - Complications following surgery measure (50%)
  - Consumer Satisfaction (40%)
  - Submitting outcome data to CMS (10%)
- CMS waives 3-day hospital stay for SNFs ≥ 3 Stars
- CJR applies to all hospitals in 67 MSAs
- Starts April 2016 through December 2020

SNF Revenue Exposure to the 2016 CJR Final Rule Policy Limiting to the 67 MSAs Only (Based on 2013 SNF and Inpatient Claims)

November 2015

How to succeed with hospitals

- Improve your rates on the measures that count & **share** your performance with hospitals
  - Rehospitalization rate
  - Discharge to community rate
  - LOS
  - Improved function
  - Satisfaction score

- Develop a robust transitions of care program
  - Arrange follow-up and communicate with primary care MD
  - Do follow-up calls to discharges to community within 24 hours and 3-5 days later

Your Next Steps

- Identify which providers in your market(s) are participating in innovation models

- Start a dialogue with potential partners

- Begin to track key metrics partners care about

- Be able to tell your story to potential partners

Home

Find a hospital

A field with an asterisk (*) is required.

* Location

Example: 45802 **or** Lima, OH **or** Ohio

> ZIP code or City, State or State

Hospital name (optional)

> Full or Partial Hospital Name

Search

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Hospital Compare Home	About Hospital Compare	About the data	Resources	Help

Share

Print all information

Hospital profile

Back to Results

General information	Survey of patients' experiences	Timely & effective care	Complications	Readmissions & deaths	Use of medical imaging	Payment & value of care

RHODE ISLAND HOSPITAL

593 EDDY STREET
PROVIDENCE, RI 02903
(401) 444-4000

Distance 🛈: 0.4 miles

Add to my Favorites
Map and directions
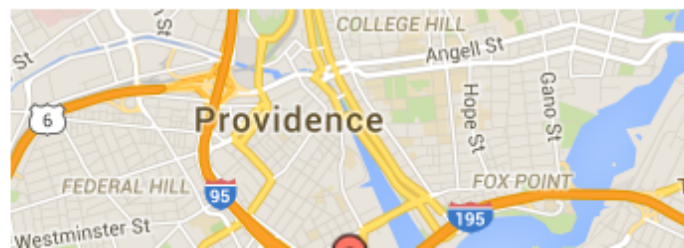
General information

- Hospital type 🛈: Acute Care Hospitals

- Provides emergency services 🛈: Yes

- Participates in 🛈: Cardiac Surgery Registry, Nursing Care Registry, General Surgery Registry

- Able to receive lab results electronically 🛈: Yes

- Able to track patients' lab results, tests, and referrals electronically between visits 🛈: Yes

- Uses outpatient safe surgery checklist 🛈: Yes

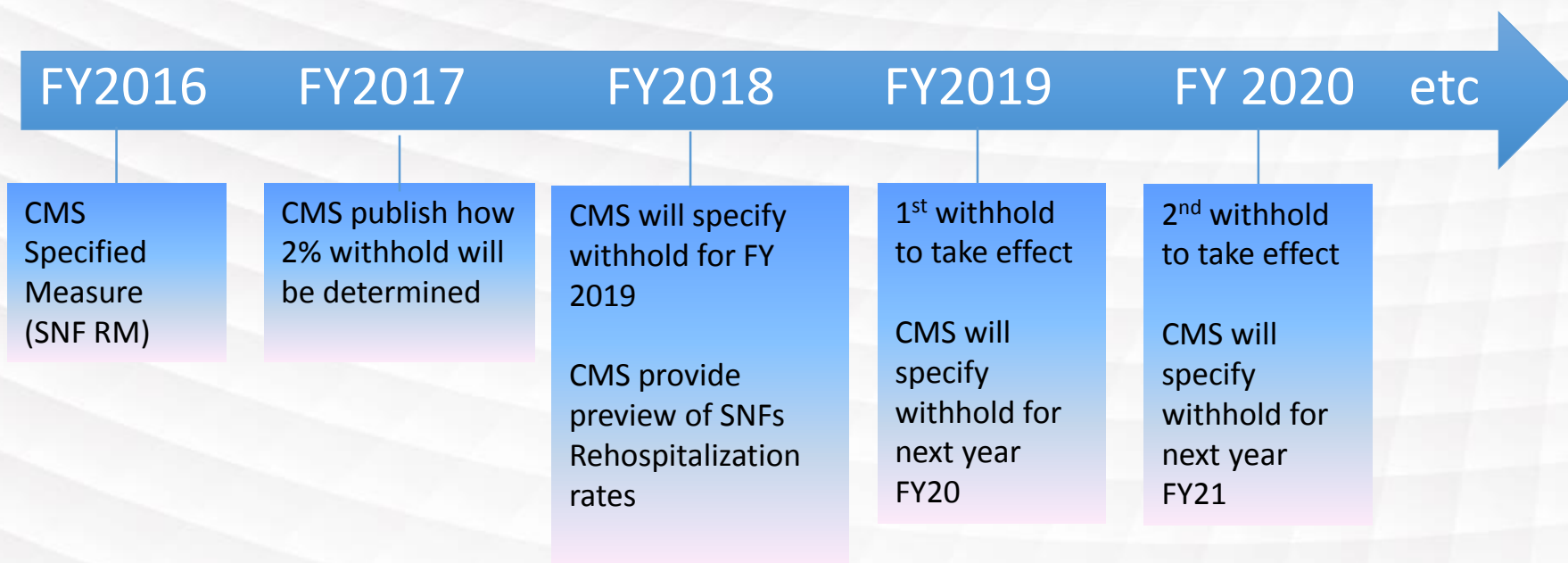- 🚩NEW Uses inpatient safe surgery checklist 🛈: Yes

Protecting Access to Medicare Act (PAMA) of 2014 contains SNF VBP section

SNF's Rehospitalizations linked to payment

Passed in 2014, PAMA links SNF rehospitalization to SNF Medicare Part A payments
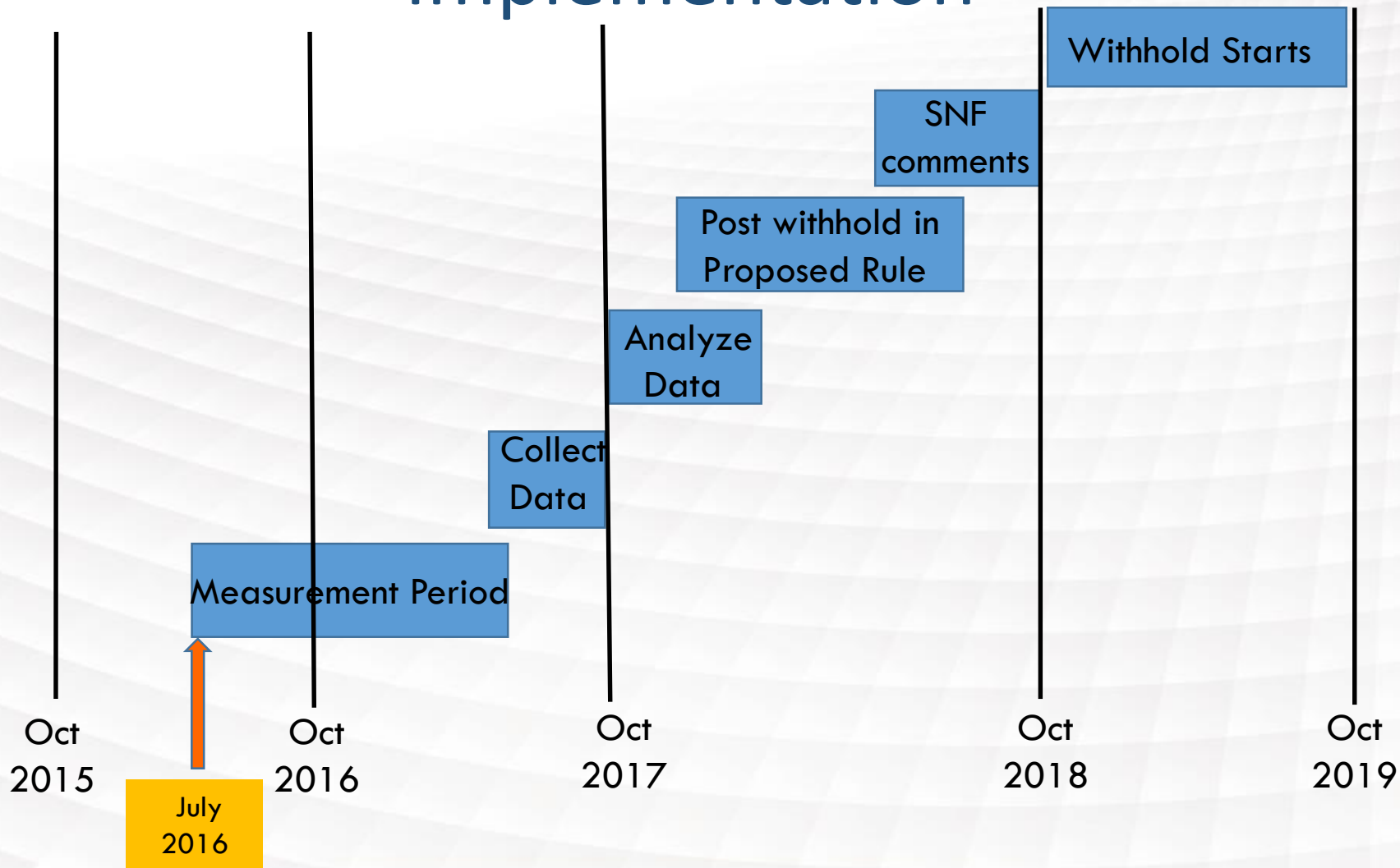
- Uses a with-hold approach
  - 2% withhold of SNF Part A payments
  - SNFs can earn back 2% withhold based on their rehospitalization score;
    - ✓ Rehospitalization score is a combination of level of achievement and improvement, which ever is better
- Last year CMS finalized the rehospitalization measure (SNF RM)

SNF VBP Timeline

FY2016	FY2017	FY2018	FY2019	FY 2020	etc
CMS Specified Measure (SNF RM)	CMS publish how 2% withhold will be determined	CMS will specify withhold for FY 2019 CMS provide preview of SNFs Rehospitalization rates	1st withhold to take effect CMS will specify withhold for next year FY20	2nd withhold to take effect CMS will specify withhold for next year FY21	

NOTE: performance period will be 12 month window that likely will start in July 2016

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Estimated Timeline for SNF VBP Implementation

2017 SNF PPS Rule will finalize SNF VBP

- 2017 SNF PPS Rule will likely specify
  - a 30 day SNF potentially Preventable Rehospitalization Measure to replace the SNF RM
  - How to calculate rehospitalization score
  - How to factor improvement into the score
  - The time periods for baseline performance
  - How to return withhold based on rehospitalization score

CMS SNF RM Measure

- Includes only Medicare FFS Part A beneficiaries
  - Used data from Part A Medicare Claims
- All cause readmission
- Counts rehospitalizations during 30 day window from admission to the SNF
  - During & **after** SNF stay (if discharged home prior to 30 days)
- Excludes
  - elective admits
  - Observations stays
- Risk adjusted
  - (Actual ÷ Predicted) x National average

SNF National Rehospitalization Rates

National Average 17.3%
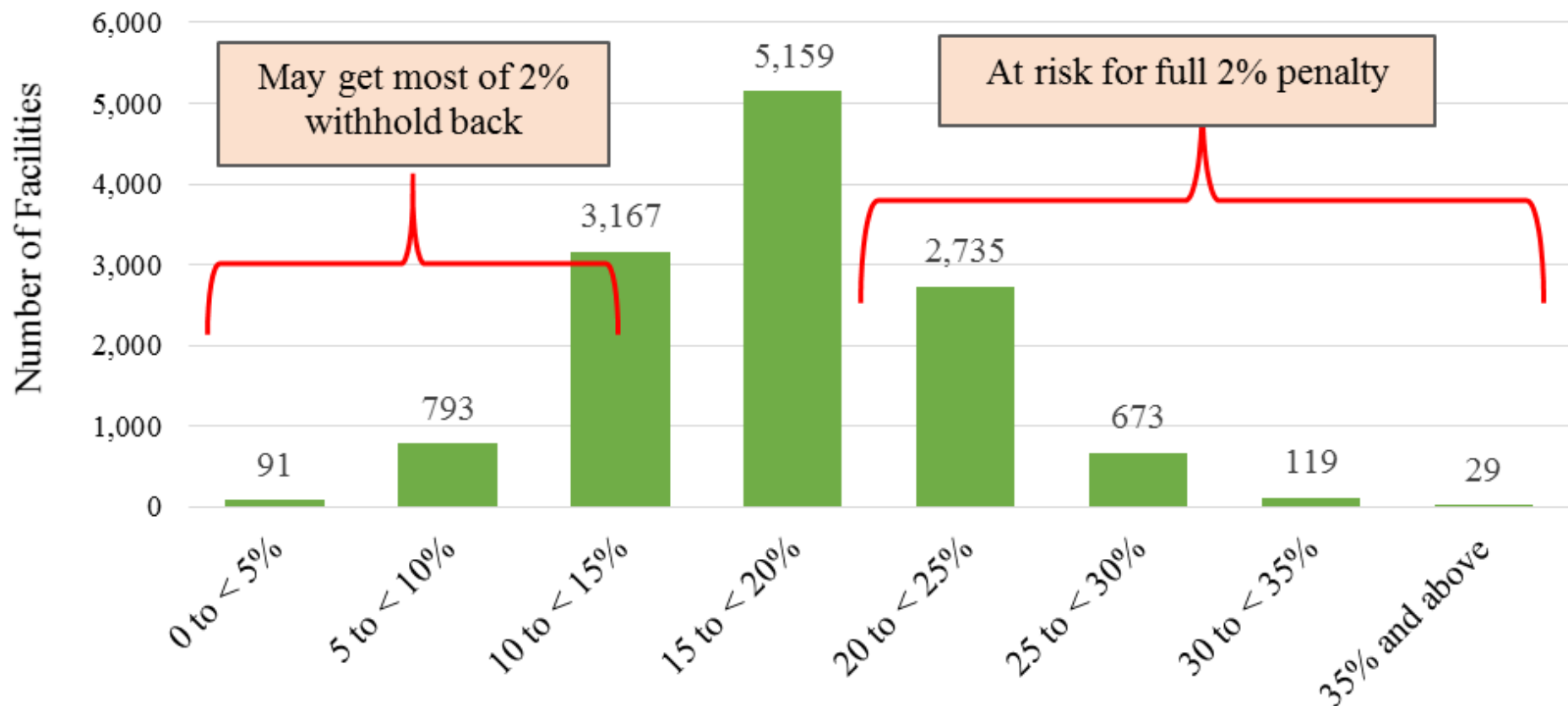
Risk Adjusted PointRight® Pro 30™ 30-day Rehospitalization Rates Ranges (2015Q1)

How can I get my data?

Select your own peer group

- You choose to run a report against a specific peer group such as:

  - State
  - County
  - City
  - CBSA
  - Census Division

- To do this, select "Limit my Peer results"

☑ Limit my Peer results Geographically:

○ Only Peers that are in the same | Nation ▼ | as my Centers/Communities.

● Only Peers that are in these areas:

○	**State**	⌄
○	**County**	⌄
○	**City**	⌄
○	**CBSA**	⌄

Select State to filter values: | Texas ▼ |

Name: [_____] | SAVE CUSTOM GEOGRAPHY (OPTIONAL)❤ |

| ○ | **Census Division** | ⌄ |
| ○ | **Saved Custom Geography** | ⌄ |

PAC Measures Report

	Jan 2014 - Dec 2014 (1)	Oct 2013 - Sep 2014	Jul 2013 - Jun 2014	Apr 2013 - Mar 2014	Jan 2013 - Dec 2013	
Length of Stay in Context with PAC Measures						
Median Length of Stay - Risk Adjusted	20.4	20.4	21.1	21.3	21.1	My Centers
	26.8	26.1	26.1	26.1	26.1	My Peers
Discharge to Community - Risk Adjusted	65.9%	65.8%	65.7%	65.4%	64.7%	My Centers
	60.0%	59.9%	59.7%	59.6%	59.2%	My Peers
30 Day Rehospitalization (OnPoint 30) - Risk Adjusted	16.5%	16.2%	16.3%	16.2%	16.0%	My Centers
	17.2%	17.3%	17.4%	17.4%	17.5%	My Peers

AHCA Quality Initiative 2015-2018
Improving Lives by Delivering Solutions for Quality Care

Process

Goal

Outcome

Adopt QAPI/ BALDRIGE informed business processes and quality systems

Organizational Success

- Improve Turnover
- Improve Customer Satisfaction
- Reduce Unintended Healthcare Outcomes

Short Stay & Post-Acute Care Quality

- Safely Reduce Rehospitalization
- Improve Discharge to Community
- Adopt AHCA Functional Outcome measures

Long Term & Dementia Care Quality

- Safely Reduce Antipsychotic Use
- Safely Reduce Hospitalizations

Alignment with National Priorities

National Initiatives Alignment

Quality Initiative Goals	IMPACT Act	Five Star	SNF VBP	Med PAC	ACO/ MCOs	CMS**	QIO
Organizational Success							
Staff Stability		■				■	
Customer Satisfaction					■	■	
Unintended Health Care Outcomes			■		■	■	■
Short-Stay/Post-Acute Care							
Hospital Readmissions	■	■	■	■	■	■	■
Discharge to Community	■	■		■	■	■	■
Functional Improvement - Coming Soon!	■			■	■	■	
Long-Term/Dementia Care							
Antipsychotics	■	■				■	■
Hospitalizations		■		■			

**CMS includes dementia partnership, regulatory compliance, QAPI, and adverse events.

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Measuring Hospitalization & Emergency Room Use

Lots of Rehospitalization Measures

AHCA

- PointRight Pro 30d rehospitalizations

SNF VBP

- SNF RM
- SNF 30 day Potentially Preventable Rehospitalizations

SNF QRP

- Potentially Preventable Rehospitalizations 30 d after SNF discharge

Five Star

- 30 day Rehospitalization Measure

QIO

- QIO rehospitalization measure

Advancing Excellence

- INTERACT measures

Others

- Local ACO, MA plan, etc

IDENTIFY BASELINE

The AE Tracking Tools allow you to document your work, monitor outcomes and the processes related to your outcomes. To achieve a data-driven quality improvement project, collect data for several months to establish a solid baseline and set a target for your improvement; then continue collecting data -- charts within the workbooks and trend graphs on the website provide you and your team with the feedback you need to determine if the changes you are making are being fully implemented and if they are having the expected impact on your outcomes. Keep your workbook up-to-date on a daily or weekly basis and look at data often to support a rapid cycle quality improvement project. Download the data tracking tool and collect data for a month or so to determine your starting point. Questions? Contact the AE Helpdesk: help@nhqualitycampaign.org.

Safely Reduce Hospitalizations Tracking Tool

Instructions for beginning your Advancing Excellence 4.0 2014 Hospitalization Tracking Tool and completing your 2013 Hospitalization Tracking Tool.
NEW Bridging_2013_to_2014.pdf

Changes and Enhancements in the 2014 Hospitalizations Tracking Tool.
NEW What's_New_in_2014.pdf

This Excel tool calculates rates for 30-day Readmission, Hospital Admissions, Transfers to Emergency Only, and Transfers Resulting in Observation Stay. It also has features that allow you to track patterns and processes affecting your hospital transfers.
NEW AE_SafelyReduceHospitalizationsTrackingTool_v4.1_8-13-14.zip

Admitted with Recent Discharge 2016

Step 4: List all admissions to your nursing home from hospital or who were discharged from a hospital within 30 days of admission to your nursing home.

Fields with red asterisk * are required. This information will be used to calculate your rehospitalization rates.

Which admissions should I record?

Today's Date: 02/19/2016

Interpreting Highlighted Rows
Watch these residents: they are in the 90-day window.
Pink indicates a 30-day readmission event.
Green indicates a readmission occurred 31 to 90 days following admission to nursing home.

This tracking tool provides two kinds of readmission rates. The hospitals you work with are typically interested in a 30-day readmission rate, counted from the day the person is **discharged from an inpatient hospital stay.** Nursing homes also need to start tracking their 90-day readmissions, where the clock starts ticking on the day the person is **admitted to nursing home.**

In both cases, **readmissions are counted in the month of the initial hospital discharge or nursing home admission,** *even if the return to the hospital occurs in the next month.*

How to Use

Which admissions should I record?

How to Use

	Automatic **Resident Code** to de-identify your file	**Resident Name***	**Hospital Discharge Date*** Date resident discharged from hospital include discharges from acute care hospital, acute psychiatric hospital, and critical access hospital	**Date Admitted to NH*** Date resident admitted to your nursing home include only residents who were admitted directly from hospital or who were discharged from hospital within 30 days of admission to your home	Automatic **Day of Week** no entry required	**Status on Admission to Nursing Home***	**Discharging Hospital** select from dropdown list use specific names ONLY for acute care hospitals	Automatic **Hospital Code** to de-identify your file	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									

Welcome | Common Qs&As | DropDownLists | Census | DataCollectionWorksheet | **AdmittedwithRecentDischarge** | TransferLog | ItemSummaries | ProcessTracking | CustomizedTrack ...

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Item Summaries

Admissions Detail

From		1/1/2014
To		12/31/2014

Total Admissions in the Selected Timeframe 0

Admissions by Day of Week
1-1-14 to 12-31-14

Admissions by Day of Week

Source of Admissions
The 5 places from which our nursing home most frequently admits residents with recent hospital stay
1-1-14 to 12-31-14
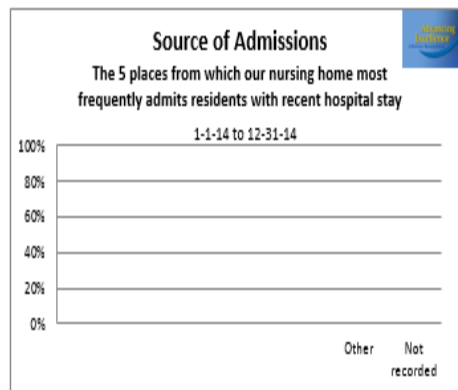
Source of Admissions
for the five places from which our nursing home most frequently admits residents with recent hospital stay

Admissions by Health Plan
for the 5 plans for which you admit the most residents
1-1-14 to 12-31-14

Admissions by Health Plan
for the five plans for which our nursing home most frequently admits residents with recent hospital stay

	Number of Admissions	Percent of all Admissions
Monday	0	n/a
Tuesday	0	n/a
Wednesday	0	n/a
Thursday	0	n/a
Friday	0	n/a
Saturday	0	n/a
Sunday	0	n/a

	Number of Admissions	all Admissions
		n/a
		n/a
		n/a
		n/a
		n/a
Other	0	n/a
Not recorded	0	n/a

	Admissions	Admissions
		n/a
		n/a
		n/a
		n/a
		n/a
Other	0	n/a
Not recorded	0	n/a

Transfer Detail

From		1/1/2014
To		12/31/2014
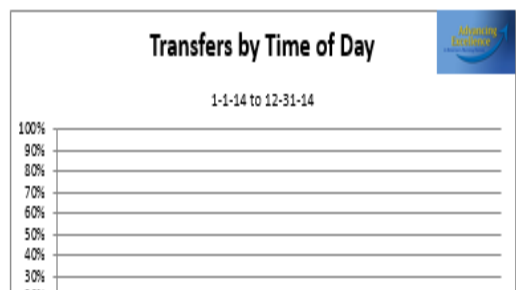
Total Transfers in the Selected Timeframe 0

Transfers by Time of Day
1-1-14 to 12-31-14

Transfers by Clinician
for the 5 clinicians who order the most transfers
1-1-14 to 12-31-14

Transfers by Outcome
1-1-14 to 12-31-14
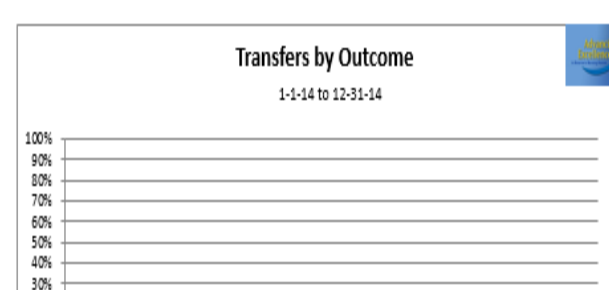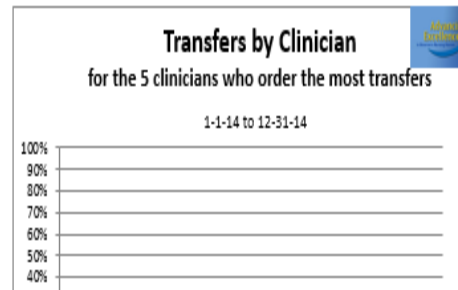
MEASUREING SATISFACITON

CoreQ: The Questions

1. In recommending this facility to your friends and family, how would you rate it overall?

2. Overall, how would you rate the staff?

3. How would you rate the care you receive?

Additional question for:

- **Short Stay**: How would you rate how well your discharge needs were met?

- **AL**: How Overall, how would you rate the food?

■ Likert scale (1-5): Poor, average, Good, Very Good, Excellent

CoreQ Reports

- AL and Long Stay
  - Family
  - Resident

- Short Stay
  - Patient

- All Reports
  - Satisfaction Rating
  - Response Rate

Vendors Adding CoreQ

Vendor	Contact
Align	Neil Gulsvig ngulsvig@align30.com
Brighton Consulting Group	Lisa Jesse lisajesse@bcgdata.net
Healthcare Academy	Judy Hoff, MA jhoff@healthcareacademy.com
inQ Experience Surveys	Rich De Jong RDeJong@symbria.com
National Research Corporation/ MyInnerview	Rich Kortum RKortum@nationalresearch.com
Pinnacle	Brady Carlsen brady.carlsen@pinnacleqi.com
Providigm/abaqis	Peter Kramer pkramer@providigm.com
Sensight Surveys	Lyn Ackerman, Ph.D. lynn@sensightsurveys.com
ServiceTrac	Michael Johnson Michael.Johnson@practicemax.com
The Jackson Group, Inc.	Janette Jones jjones@thejacksongroup.com

Nicholas Castle, Ph.D., University of Pittsburgh is willing to administer only the CoreQ if you don't have a vendor for a fee. Contact him at CastleN@Pitt.edu

CoreQ: Upload data

CoreQ: Sample Excel File

CoreQ Sample Report- AL

CoreQ: Sample Graph

Tips to avoid 2% PAMA withhold

How to avoid a 2% withhold

- Track your rehospitalization rates
  - We do **<u>NOT</u>** know exact rates yet but we can estimate using LTC Trend Tracker data
  - If your risk adjusted rate is

    <12% you are probably in good shape

    >20% your are at risk of having 2% withhold

- Use INTERACT Program

- Use resources at **ahcancalED**

  https://educate.ahcancal.org/

Tips to Success SNF VBP

- Review all of your rehospitalizations
    - assume 100% were preventable
    - Use AE free excel tracking tool
- Implement INTERACT program
    - Focus on the purpose of each component
    - Make sure Stop & Watch and SBAR are used consistently
- Treat rehospitalizations as trigger to have end-of-life discussion

INTERACT Goals

- Prevent conditions from becoming severe enough to require hospitalization (early identification, assessment & management)

- Manage conditions in the nursing facility without transfer when feasible and safe

- Improve advance care planning and use of palliative care plans when appropriate

Member's Change in Rehospitalizations

% Change in Rehospitalization Rates
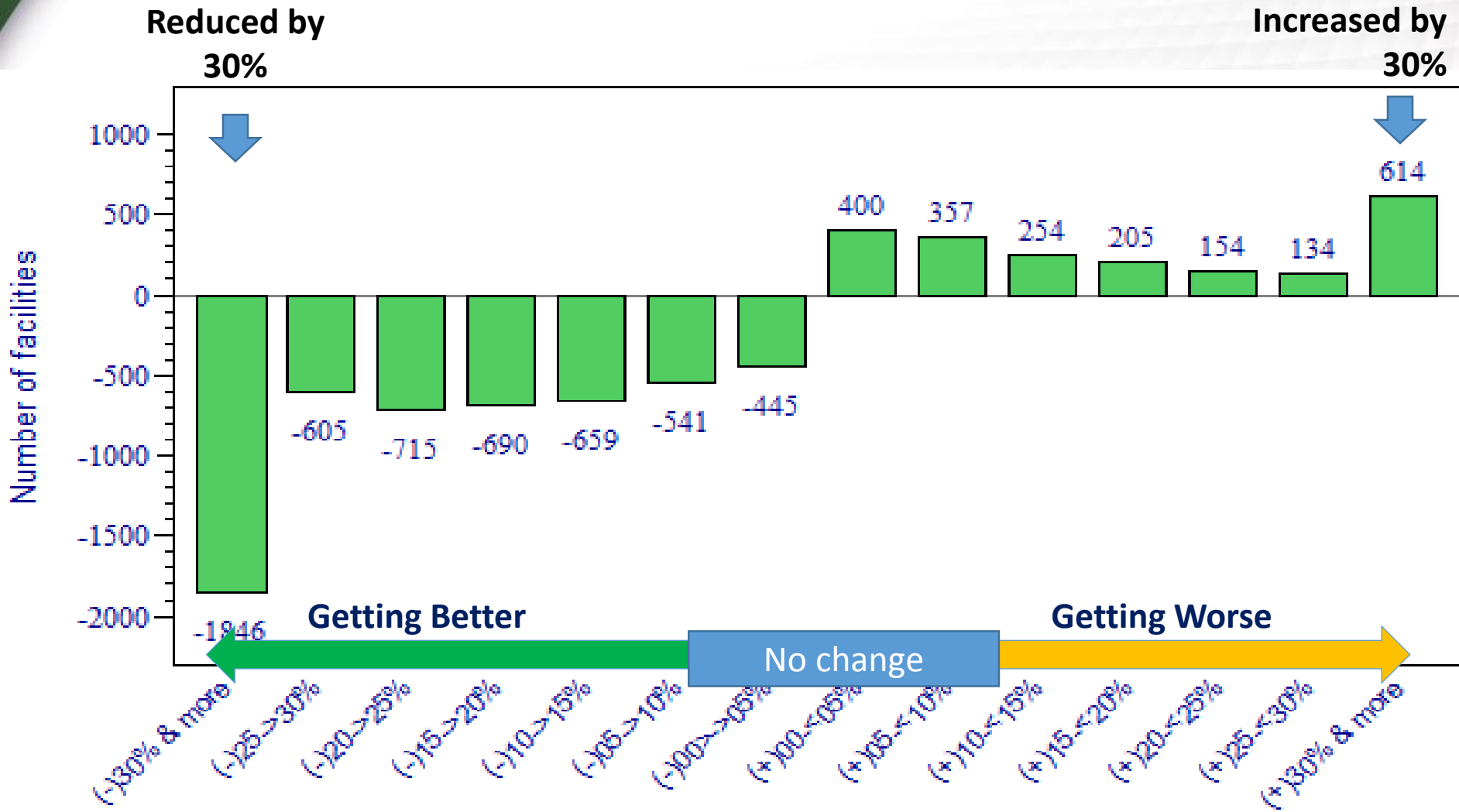
Rehospitalization Marker of Increased Mortality
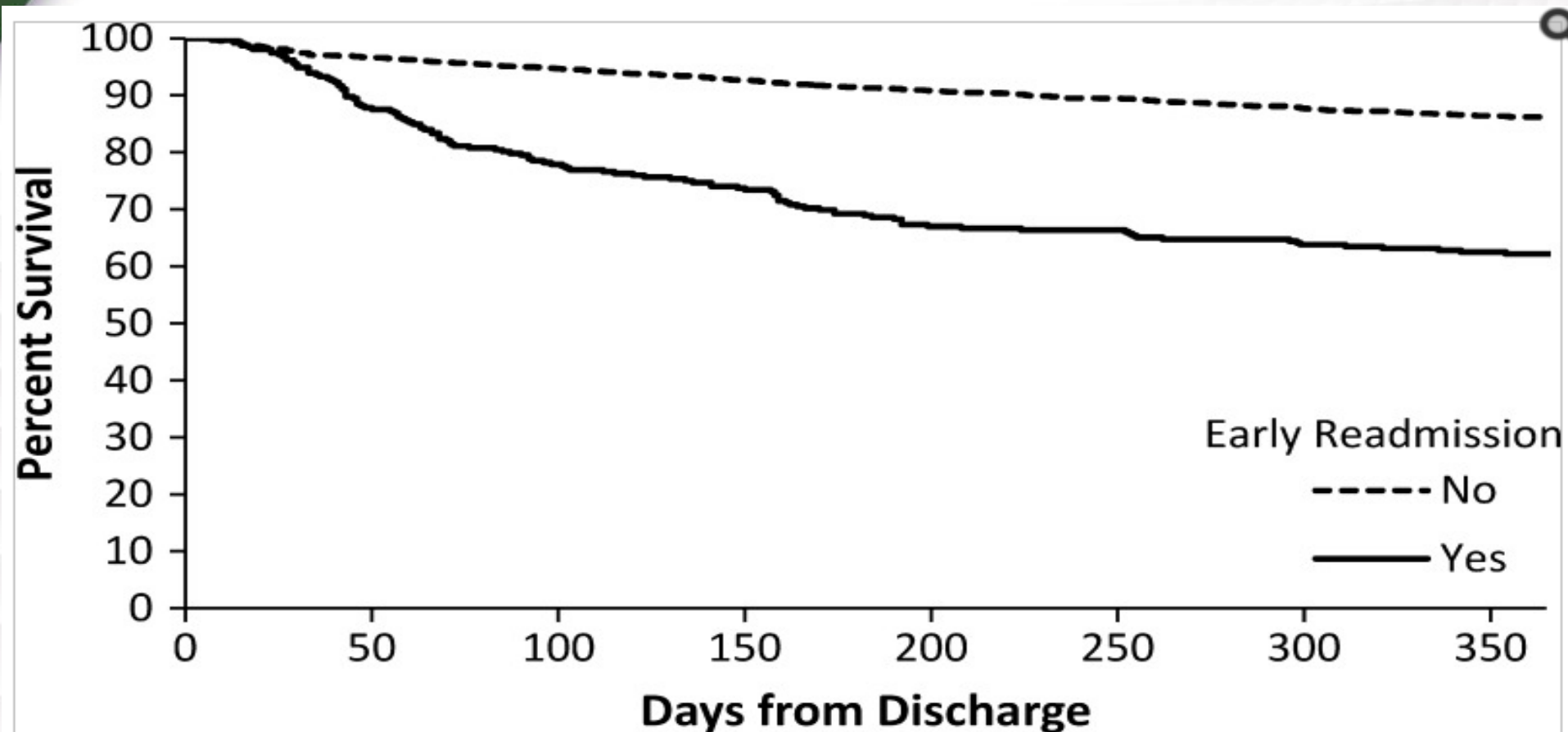
Hospitalized beneficiaries who have an early hospital readmission nearly 3 times more likely to die within 1 year (one-year mortality = 38.7 % vs patients who were not readmitted = 12.1 %; p<0.001). Lum et al. J Gen Intern Med 2012; 27(11): 1467-74.

Does End-of-Life Counseling help?

- Study[1] to evaluate if for patients with three or more hospitalizations in the past 6 months, a palliative care consultation could help
    - Identify realistic goals of care and address barriers to discharge home;
    - Determine whether rehospitalization was consistent with the patient's goals of care or if worsening symptoms would best be managed in the SNF, long-term care, or at home.

- Results
    - Rehospitalization declining by 19.4% (from 16.5% to 13.3%)
    - Discharges to home increased by 6.4% (from 68.6% to 73.0%)
    - Patients were more 2.45 times more likely to die in the SNF vs hospital

[1]JAGS 59:1130–1136, 2011

Five Questions to Explore at Admission

1. What is your understanding of where you are and of your illness?

2. What are your fears and worries for the future?

3. What are your goals and priorities?

4. What outcomes are unacceptable to you? What are you willing to sacrifice and not?

5. What would a good day look like?

From Atul Gwande's book: "Being Mortal"

Requirements of participation

- Get a head start…..

RoP Sections with changes

- Resident rights (§483.10)
- Facility responsibilities (§483.11)
- Abuse & neglect, (§483.12)
- Transitions of care (§483.15)
- Resident assessment (§483.20)
- Physician services (§483.30)
- Nursing services (§483.35)
- Pharmacy services (§483.45)
- Administration (§483.70)
- Infection control (§483.80)
- Physical environment (§483.90)
- Training requirements (§483.95)
- Compliance and ethics (§483.85)
- Dental services (§483.55)

- Behavioral health services (§483.40)
- Resident-centered care plans (§483.21)
- Quality of care & quality of life (§483.25)
- Laboratory, radiology, and other diagnostic services (§483.50)
- Food & nutrition services (§483.60)
- Specialized rehabilitative services (§483.65)
- Quality assurance and performance improvement (§483.75)

Alignment with Requirements of Participation

	QAPI	Staffing	Infection Control	Behavioral Health	Physician Involvement	Transitions
Organizational						
• Turnover		X		X		
• Satisfaction	X					
• Unintended Health Outcomes	X	X	X		X	
Short Stay						
• Rehospitalization	X	X	X	X	X	X
• Discharge to Community			X		X	X
• Functional Improvement					X	X
Long Stay						
• Antipsychotic	X	X		X	X	
• Hospitalization	X				X	

How to succeed under new national policies that will impact your operations and revenue

David Gifford MD MPH

Atlantic City NJ

Mar 15th, 2016

Features of Successful Health Care Organizations

- Use data to track performance
  - Set goals and make them visible

- Conduct Root cause analysis
  - Need right philosophy or view point

- Teams to pilot test new ideas and approaches
  - Pilot tests short time periods with few residents at a time

- Leadership
  - Empower staff to solve problems
  - Provider resources to staff to achieve goals and solve problems

- Problem solving and learning
  - Adverse events viewed as opportunities to learn
  - Learn from others

QAPI Approach

The First Law of Improvement

Every system is perfectly designed to achieve exactly the results it gets

-Paul Batalden, MD, Dartmouth

Evaluate the system

- Look at policies and procedures
  - Are you setting up staff to fail?
- Look at work flow
  - Ask staff why something is not working (why 5 times)
  - Ask them what "frustrates" them about the problem
- Look at availability of equipment
- Look at environment
  - Design, lighting, noise, distance to travel
- Look at staffing type,level and patterns
- Look at staff attitudes and beliefs

KSA

Is this a knowledge deficit?

- Is the reason implementation of a new program is not happening due to
  - Knowledge, Skill, or Attitude (KSA)

- Is the reason policies are not followed consistently due to
  - Knowledge, Skill, or Attitude (KSA)
- Are your in-services designed to address
  - Knowledge, Skill, or Attitude (KSA)

Clinical Approach to Patient Care

Screen patient

Result — YES → Evaluate / NO → Rescreen

P
D
S
A

- Formulate treatment plan
- Initiate treatment
- Monitor treatment
- Revise treatment
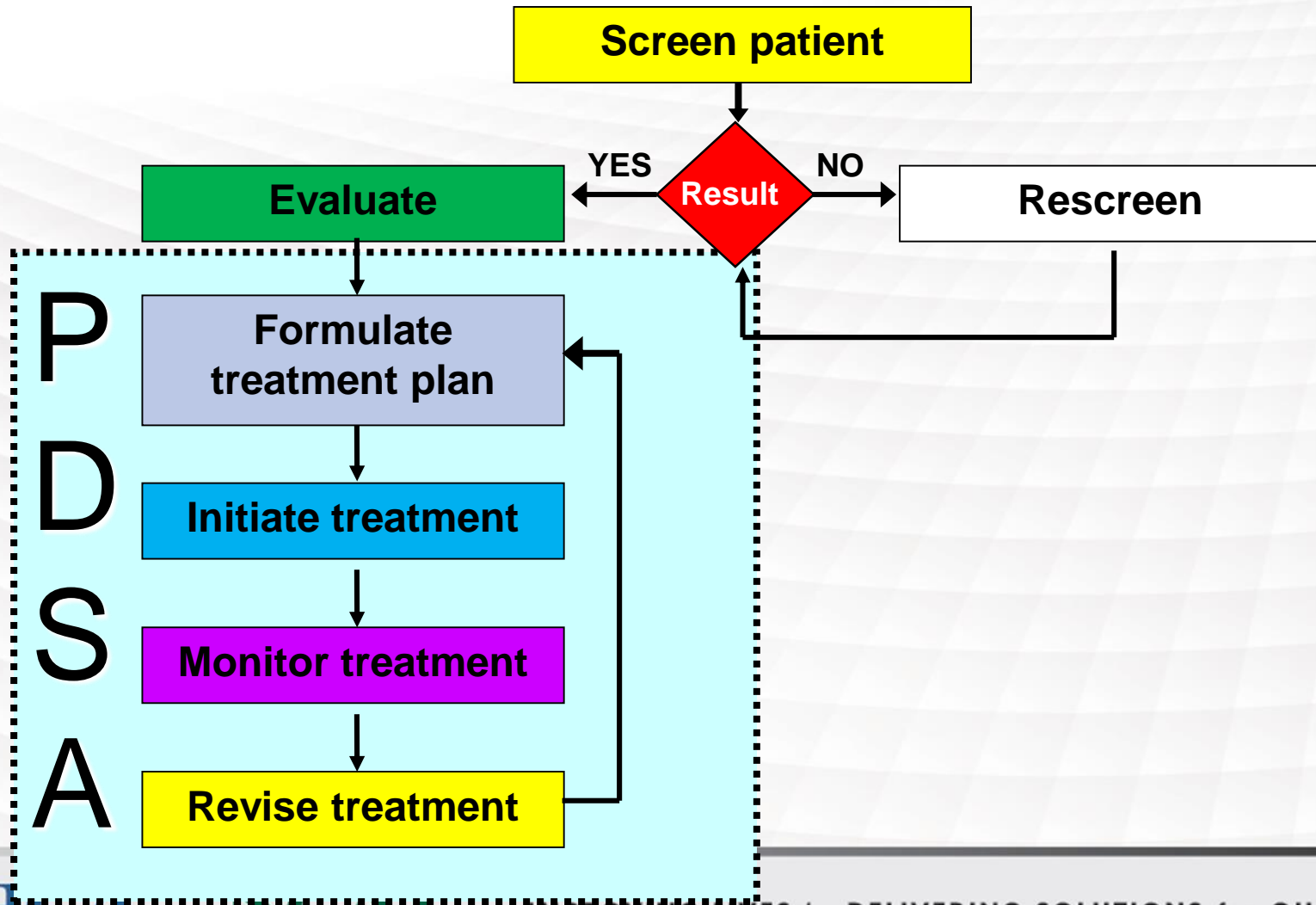
QAPI Approach to Quality Organization
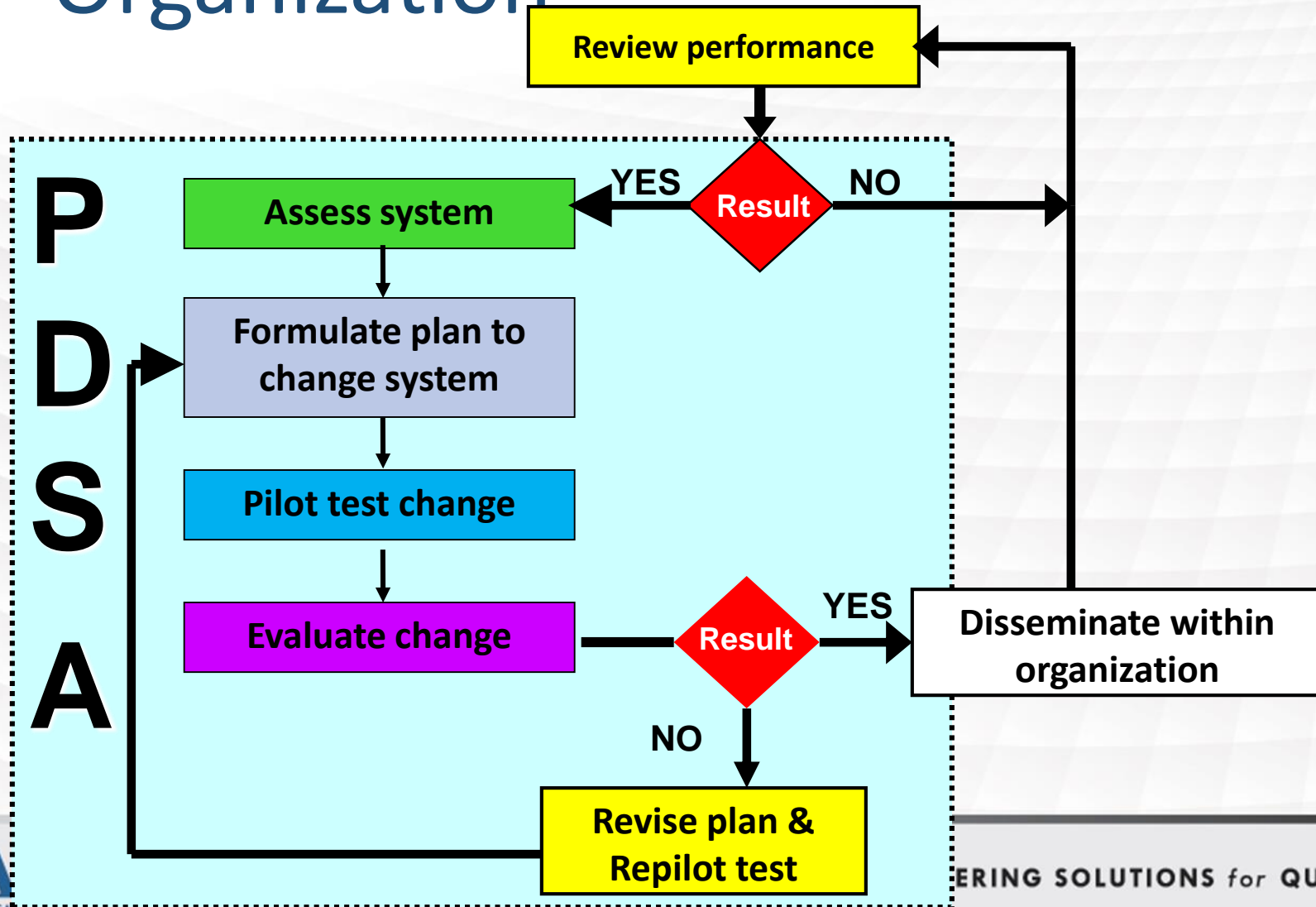
Pilot Test on a Micro Scale

- Pilot test on 1 unit, 1 staff, 1 resident, 1 day
  - Find staff that are supportive of new program
    - Optimal if they are respected by peers
  - Announce you are pilot testing a new program
  - Promote the 1 unit, "1 staff" doing the pilot
  - Make changes based on staff feedback
  - After a few changes, add additional staff 1 at a time

Use of Huddles

- Huddles are an effective and increasingly common approach for the clinical team on unit to coordinate care delivery

- Can be used to pilot test changes in a Center's quality improvement or QAPI initiative

Pursue AHCA/NCAL Quality Award Program

Quality Award Program

- Based on Baldrige Performance Excellence for Health Care
- Three levels of distinction

  1. **Bronze** – Commitment to Quality (5 pages)

  2. **Silver** – Achievement in Quality (20 pages)

  3. **Gold** – Excellence in Quality (55 pages)

- Similar framework to CMS QAPI program
- Organizations must achieve the award at each level to continue to the next level

http://qa.ahcancal.org

Value of Quality Award

- Silver & Gold recipients have better
  - Survey Scores and fewer deficiencies
  - 5 Star Ratings
  - Quality Measures
  - Rehospitalization rates
  - Staff Retention & less turnover
  - Occupancy

Quality Award vs Non-Participants

Five Star Overall Ratings, April 2015

	≥3 Star
NON-Participants — 16% · 20% · 19% · 24% · 22%	**64%**
BRONZE — 14% · 17% · 25% · 24% · 20%	**69%**
SILVER/GOLD — 4% · 4% · 11% · 32% · 49%	**82%**

Legend: ★ | ★★ | ★★★ | ★★★★ | ★★★★★
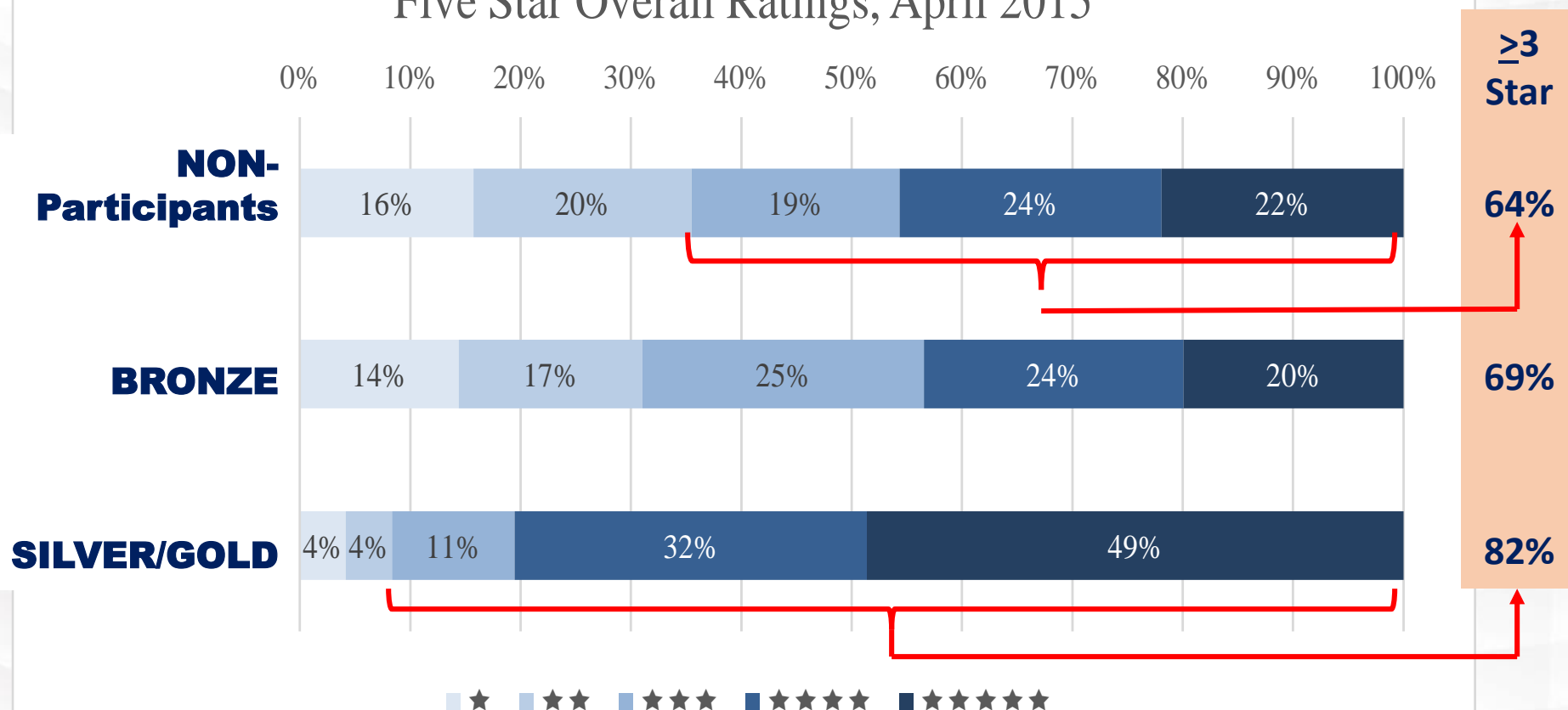
Antipsychotics lower in Silver & Gold

TREND IN AVERAGE RATE OF OFF-LABEL USE OF ANTIPSYCHOTICS FOR
SILVER AND GOLD QUALITY AWARD RECIPIENTS AND ALL OTHER MEMBERS
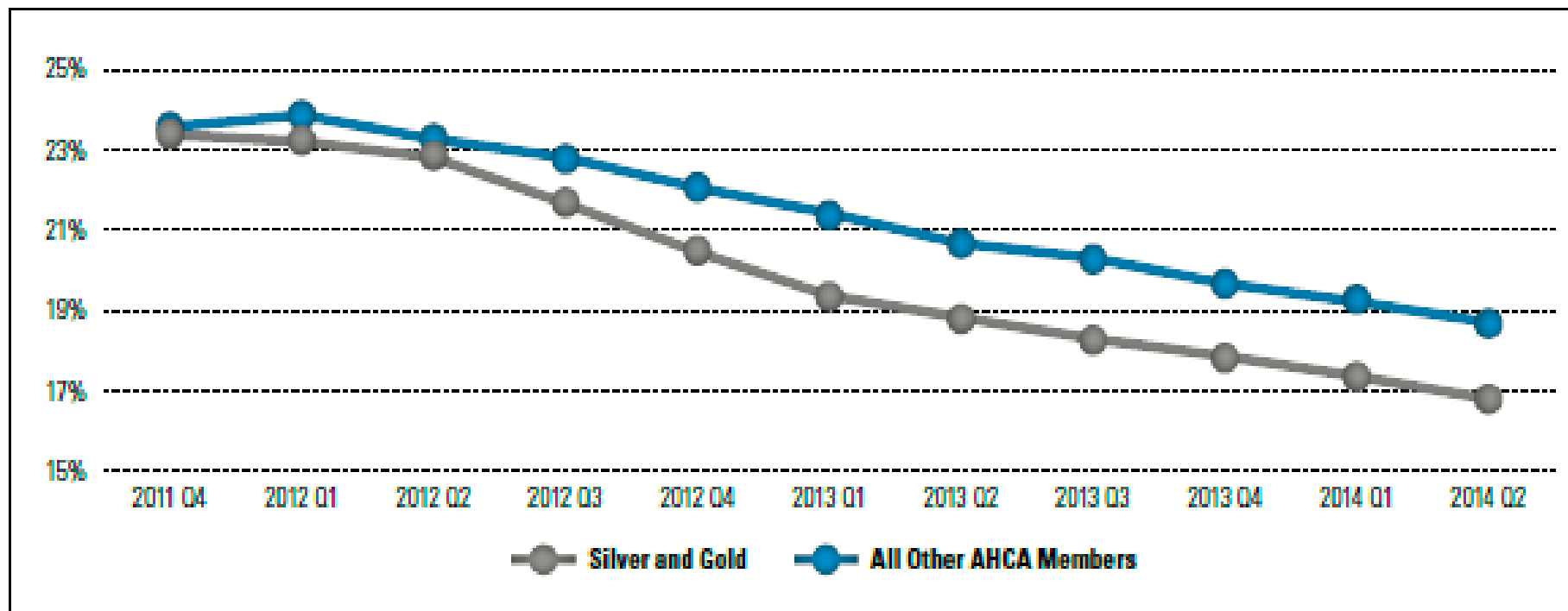
Occupancy Higher in Silver & Gold

TRENDS IN OCCUPANCY RATE FOR SILVER AND GOLD QUALITY AWARD RECIPIENTS AND ALL OTHER MEMBERS

Silver and Gold
All Other AHCA Members
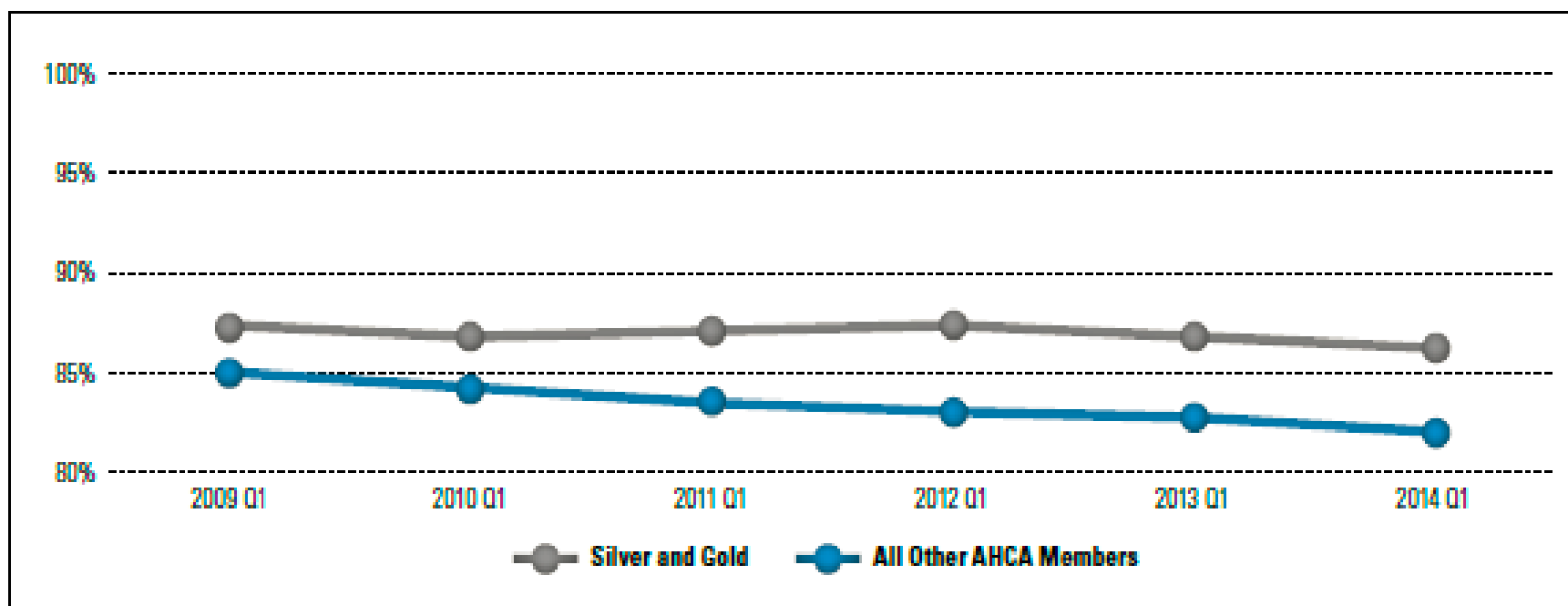
Percent of AHCA/NCAL Members Awarded a Quality Award, 2007-2015

2-15%   16-20%   21-30%   31-53%
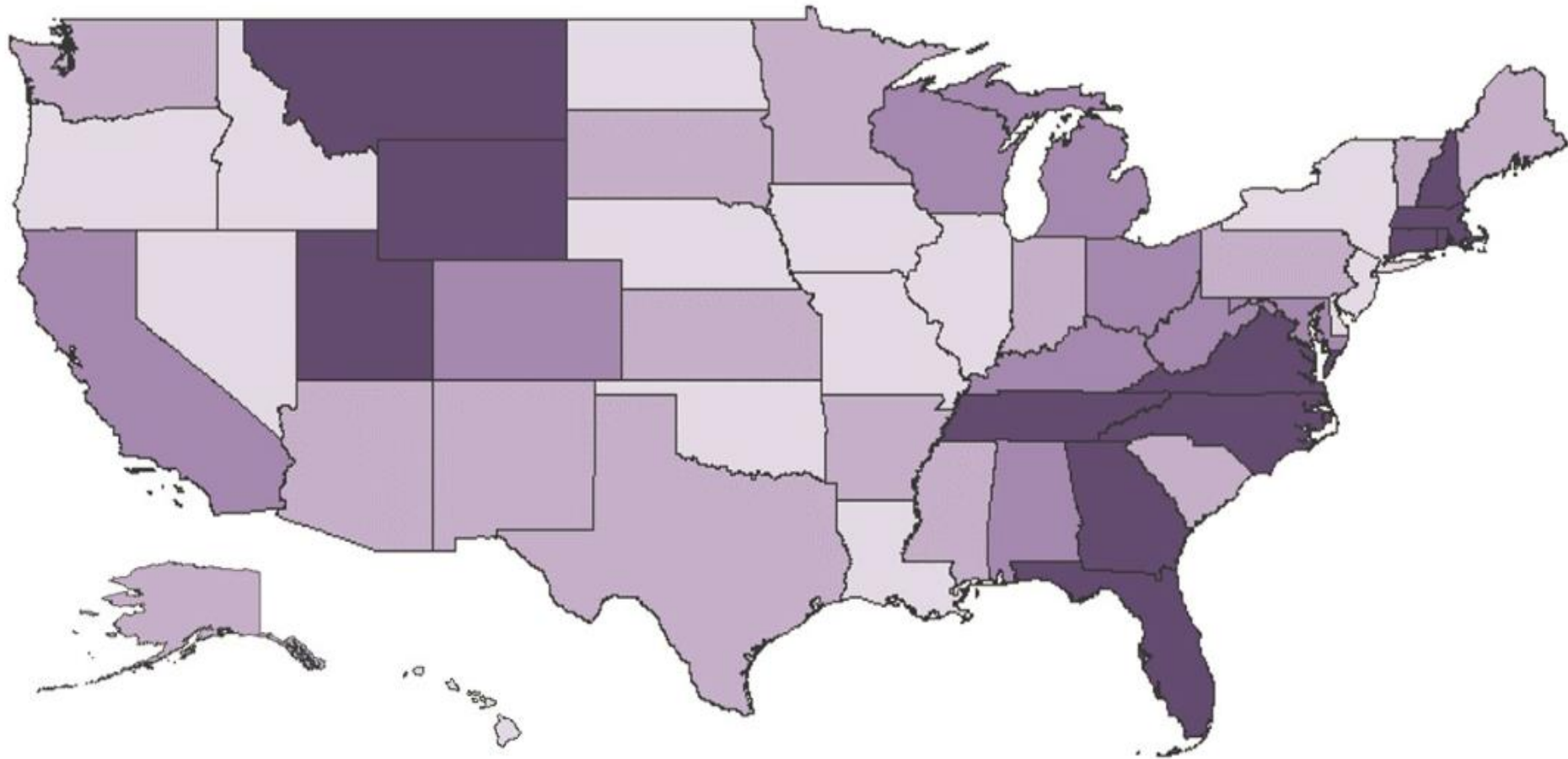
Controlling your Five Star Rating

Five Star determines referrals

- MA plans creating networks based on Five Star
- Hospitals & ACO use Five Star to establish networks
- CMS waives hospital 3 day stay to qualify for Part A SNF stay for SNFs with 3, 4 or 5 Star for hospital discharges from
  - Pioneer ACO hospitals
  - CJR hospitals

Overall Scoring Methodology

Step 1: Initial star rating based on State ranking on your Survey Score

Step 2: Add or subtract one Star based on Staffing component
- ✓ Subtract 1 star if staffing rating is 1 star
- ✓ Add 1 star if staffing is 4 or 5 stars & > Survey rating

Step 3: Add or subtract 1 Star based on QM component
- ✓ Subtract 1 star if QM rating is 1 star
- ✓ Add 1 star if QM rating is 5 stars

- ✓ Note: If you are one star on the survey component; you can only add 1 star

Five Star Adding New Measures

- CMS Adding new PAC measures to Five Star in 2016
  - — Rehospitalization,
  - — Discharge to Community,
  - — Emergency Room use
  - — Functional Improvement
  - — Mobility in room (Long Stay)

How to achieve at least 3 Stars

- Use Five Star scoring guidelines to
    - Add stars to your survey star rating when possible
    - Avoid loosing stars from your survey star rating when possible
- Keep your survey score low
- Start to improve now on conditions that CMS will add in 2016

Survey Component of Five Star

Survey Component Methodology

Step 1: Calculate weighted 3 year average survey score

Step 2: Rank all centers within each state based on their scores

Step 3: Assign one to five stars based on ranking

   (see next slide) within each state

Survey Component Star Rating

Percent of Facilities Survey Star Rating Ranked within each State

Percentiles: <20 | ≥20 and <43.33 | ≥43.33 and <66.67 | ≥66.67 and <90 | ≥90

Bottom 20 percent within a State

Top 10 percent (facilities with lowest survey score) within a State
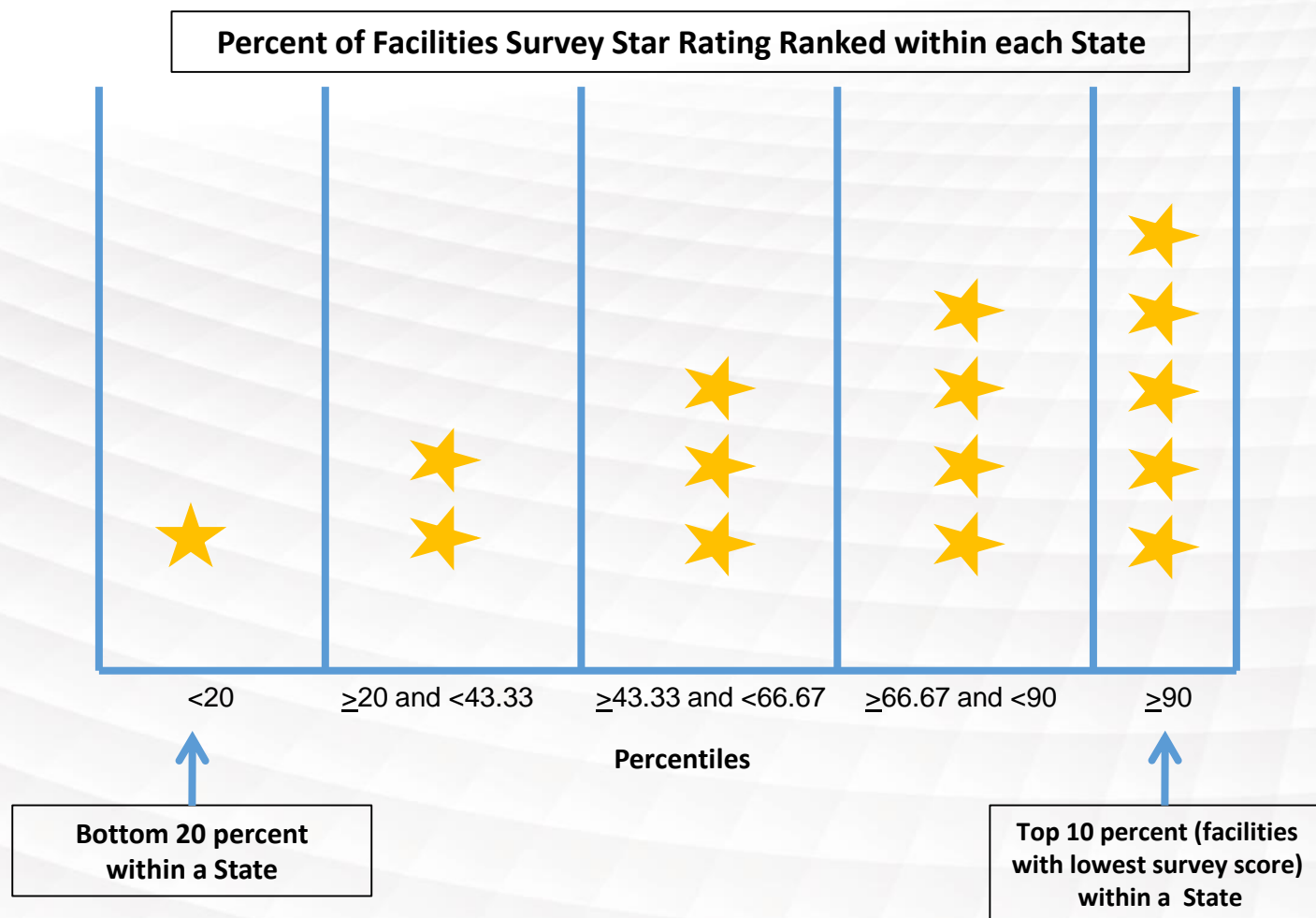
How is Survey Score Calculated?

Table 1

Health Inspection Score: Weights for Different Types of Deficiencies

Severity	Scope		
	Isolated	**Pattern**	**Widespread**
Immediate jeopardy to resident health or safety	**J** 50 points* (75 points)	**K** 100 points* (125 points)	**L** 150 points* (175 points)
Actual harm that is not immediate jeopardy	**G** 20 points	**H** 35 points (40 points)	**I** 45 points (50 points)
No actual harm with potential for more than minimal harm that is not immediate jeopardy	**D** 4 points	**E** 8 points	**F** 16 points (20 points)
No actual harm with potential for minimal harm	**A** 0 point	**B** 0 points	**C** 0 points

Distribution of Member's Survey Scores

Histogram of adjusted survey scores
(December 2014)
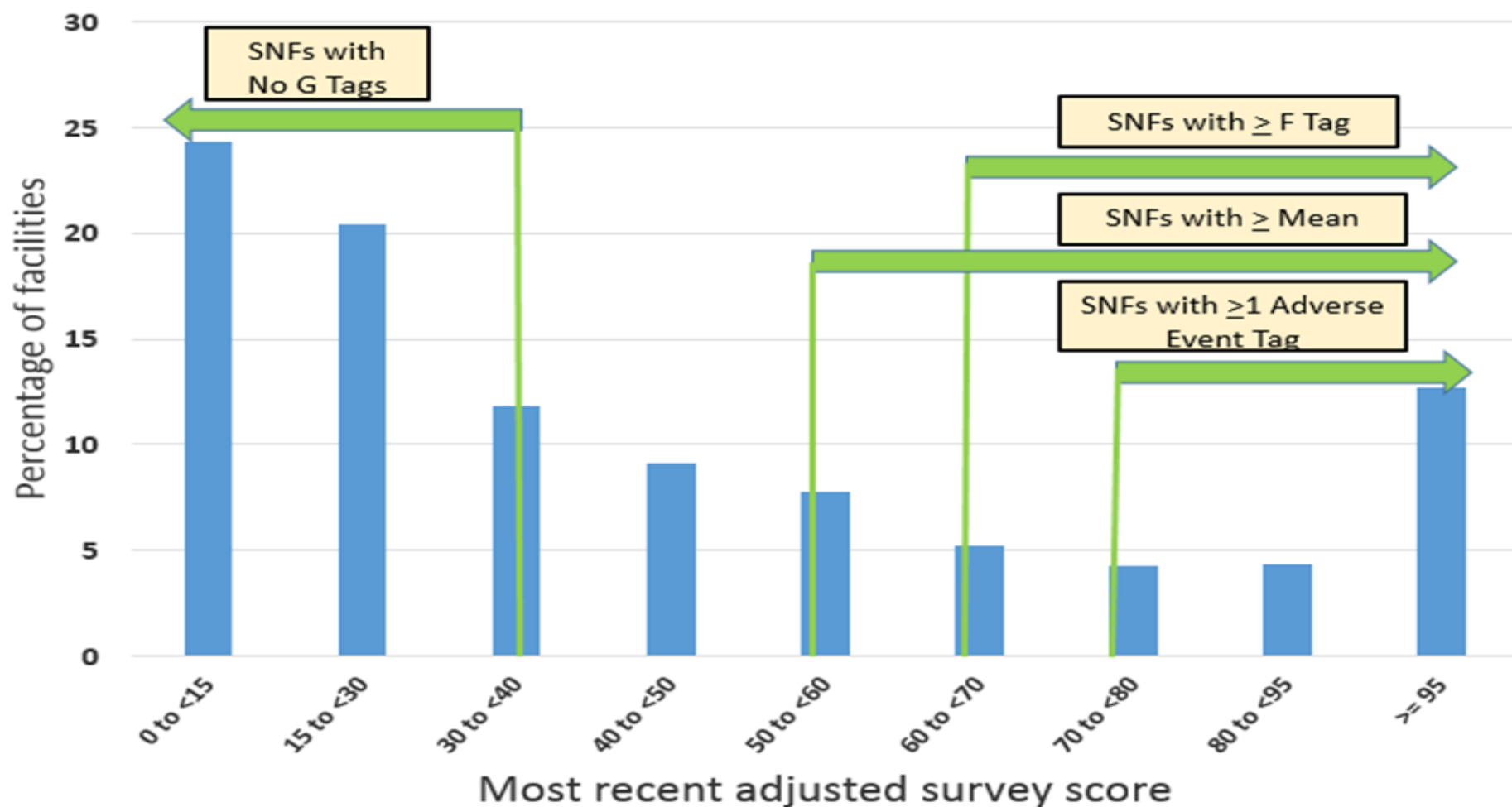
HOW CAN I IMPROVE MY SURVEY SCORE?

Group Exercise

Evaluate the system

- Look at policies and procedures
  - Are you setting up staff to fail?
- Look at work flow
  - Ask staff why something is not working (why 5 times)
  - Ask them what "frustrates" them about the problem
- Look at availability of equipment
- Look at environment
  - Design, lighting, noise, distance to travel
- Look at staffing type,level and patterns
- Look at staff attitudes and beliefs

KSA

Is this a knowledge deficit?

- Is the reason implementation of a new program is not happening due to
  - Knowledge, Skill, or Attitude (KSA)

- Is the reason policies are not followed consistently due to
  - Knowledge, Skill, or Attitude (KSA)
- Are your in-services designed to address
  - Knowledge, Skill, or Attitude (KSA)

Action Strategies to Avoid

- "In-service" as a correction strategy. Assumes a knowledge deficit –
  - is this the real problem or are there systems issues getting in the way of staff acting on their knowledge?

- Adding "more" to an already complex system - guarantees failure

- Punishing staff for errors
  - Actions speak louder than words

Staffing Component of Five Star

Rating Methodology – Staffing Component

Step 1: Calculate risk adjusted staffing based on RN and total Direct Care Staff (DCS) levels

- No change

Step 2: Compare to risk adjusted cut-points to assign stars for RN and for DCS

- No change

Step 3: Compare the RN and DCS staff ratings to assign a Staffing component star rating

Staffing Scoring Matrix

Staffing Points and Rating (updated February 2015)

RN rating and hours		Total nurse staffing rating and hours (RN, LPN and nurse aide)				
		1	2	3	4	5
		<3.262	3.262 – 3.660	3.661 – 4.172	4.173 – 4.417	≥4.418
1	<0.283	★	★	★★	★★	★★★
2	0.283 – 0.378	★	★★	★★★	★★★	★★★
3	0.379 – 0.512	★★	★★★	★★★	★★★★	★★★★
4	0.513 – 0.709	★★	★★★	★★★★	★★★★	★★★★
5	≥0.710	★★★	★★★	★★★★	★★★★	★★★★★

Loose 1 Star

Add 1 Star

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Tips on Staffing Data

- Data comes from Form 671 and 672 collected at time of standard survey
  - Make sure the data is completed and accurate before you sign off on data and give to surveyors.
  - You will NOT be able to change it if its wrong.
  - You will live with the data until your next standard survey; 9-15 months later
  - PBJ will replace Form 671 and 672 but not until 2017 or 2018

CMS Change Staffing Measures

- Starting in 2018 CMS will use data submitted from your time & attendance system into CMS Mandatory Payroll Based Journal (PBJ) to report
  - Staffing levels quarterly
  - Staff turnover and retention

Measuring Staff Turnover & Retention

Turnover & Retention in LTC Trend Tracker

- Upload staffing data and receive instant feedback on rates

- Benchmark against peers

- Examine 7 different staff positions:
  1. Administrator/Executive Director
  2. Director of Nursing/Director of Residential Care Services
  3. Staff RN
  4. LVN/LPN
  5. CNAs (SNF)
  6. Aides (AL)
  7. Total All-Staff Turnover

Turnover & Retention: Upload

Turnover & Retention: Sample Report

Turnover & Retention: Sample Graph

Staff Turnover and Retention Report: Direct Care Staff Turnover - Assisted Living Communities
Your entire organization chosen. Peer geography: Entire nation. No peer type restriction. Centers from My Org are not included in peer group.

AHCA/NCAL Long Term Care Trend Tracker™

My Centers/Communities   Peer Comparison
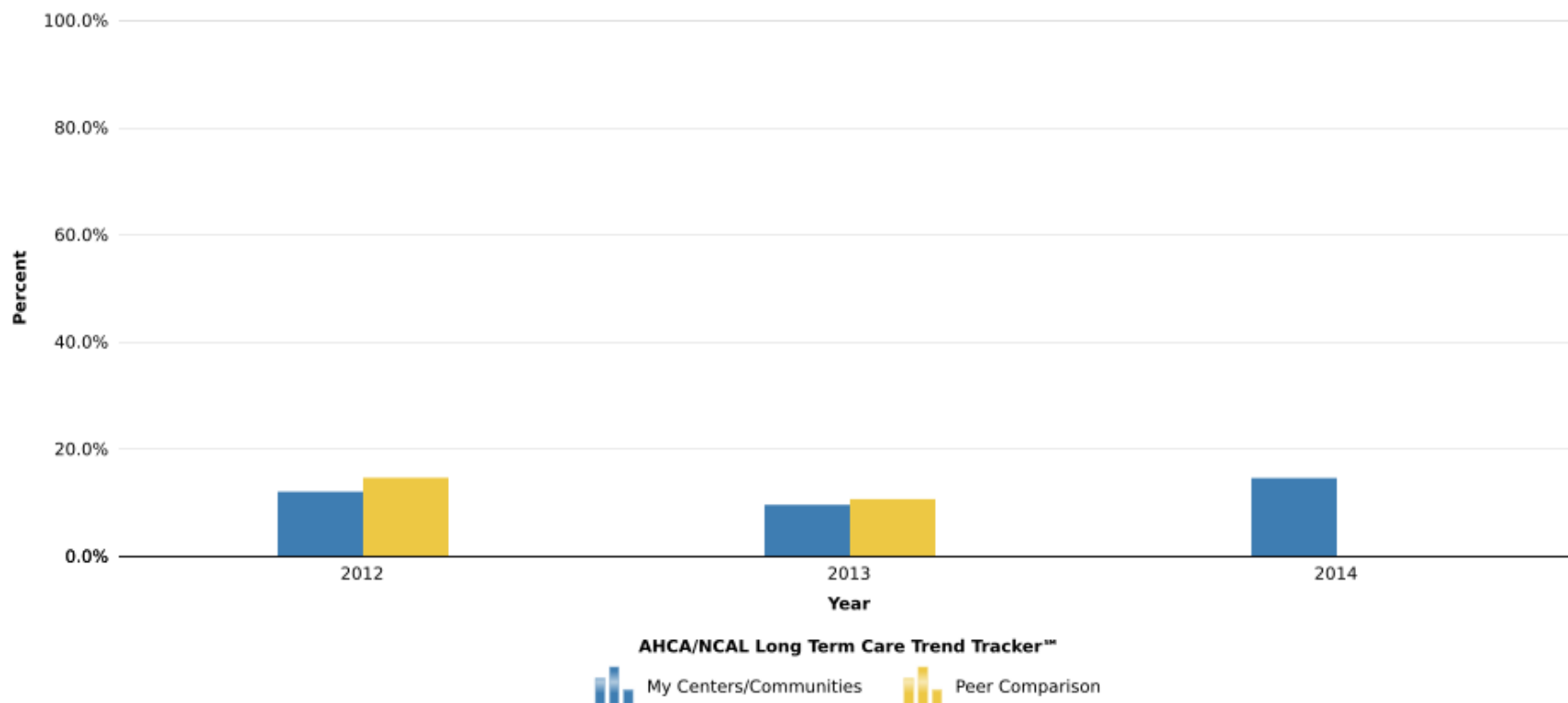
Quality Measure Component of Five Star

Rating Methodology – QM Component

Step 1: Assign 20, 40, 60, 80 or 100 points for each QM based on QM rate against a set of threshold cut-points

Step 2: Add up points for all 11 QMs

Step 3: Compare Aggregate score of 11 QMs against threshold cut-points to assign Stars

Quality Measure Component: Aggregate Score cut-points

- **Based on aggregate score for 11 QMs**
  - **100 points max per QM**
  - **20 points min per QM (except for 1 Qm min is 25)**
- **Total score ranges from 225 to 1100**

Table 7
Star Cut-points for MDS Quality Measure Summary Score (updated February 2015)

QM Rating	Point Range for MDS Quality Measure Summary Score (updated February 2015)
★	225 – 544
★★	545 – 629
★★★	630 – 689
★★★★	690 – 759
★★★★★	760 – 1,100

Quality Measure Rates & Points

	QM Rates to Achieve Points				
	100	80	60	40	20
Short Stay QMs					
• Pain	<8.3	<14.6	<20.7	<28.2	>28.2
• Pressure Ulcer[1]	0	<6.7	<14.8		>14.8
• Antipsychotic	0	<1.4	<2.3	<3.8	>3.8
Long Stay QMs					
• Pain	<2.1	<4.8	<7.9	<12.5	>12.5
• Pressure Ulcer	<2.6	<4.5	<6.4	<8.9	>8.9
• Catheter use	<1.0	<2.0	<3.2	<4.8	>4.8
• UTI	<2.1	<4.1	<6.1	<9.0	>9.0
• Restraints[2]	0		<1.9		>1.9
• Falls	<1.1	<2.2	<3.4	<5.0	>5.0
• Antipsychotic use	<8.1	<14.3	<19.6	<26.8	>26.8

[1] SS pressure ulcer points in only four categories 100, 75, 50, 25

2 LS restraints points in only three categories 100, 60, 20

Add 1 star by averaging >69 points per QM to achieve 5 Star
Loose 1 star by averaging <49 points to avoid 1 Star

QM Rates for 2014Q2
LS Antipsychotic Medications
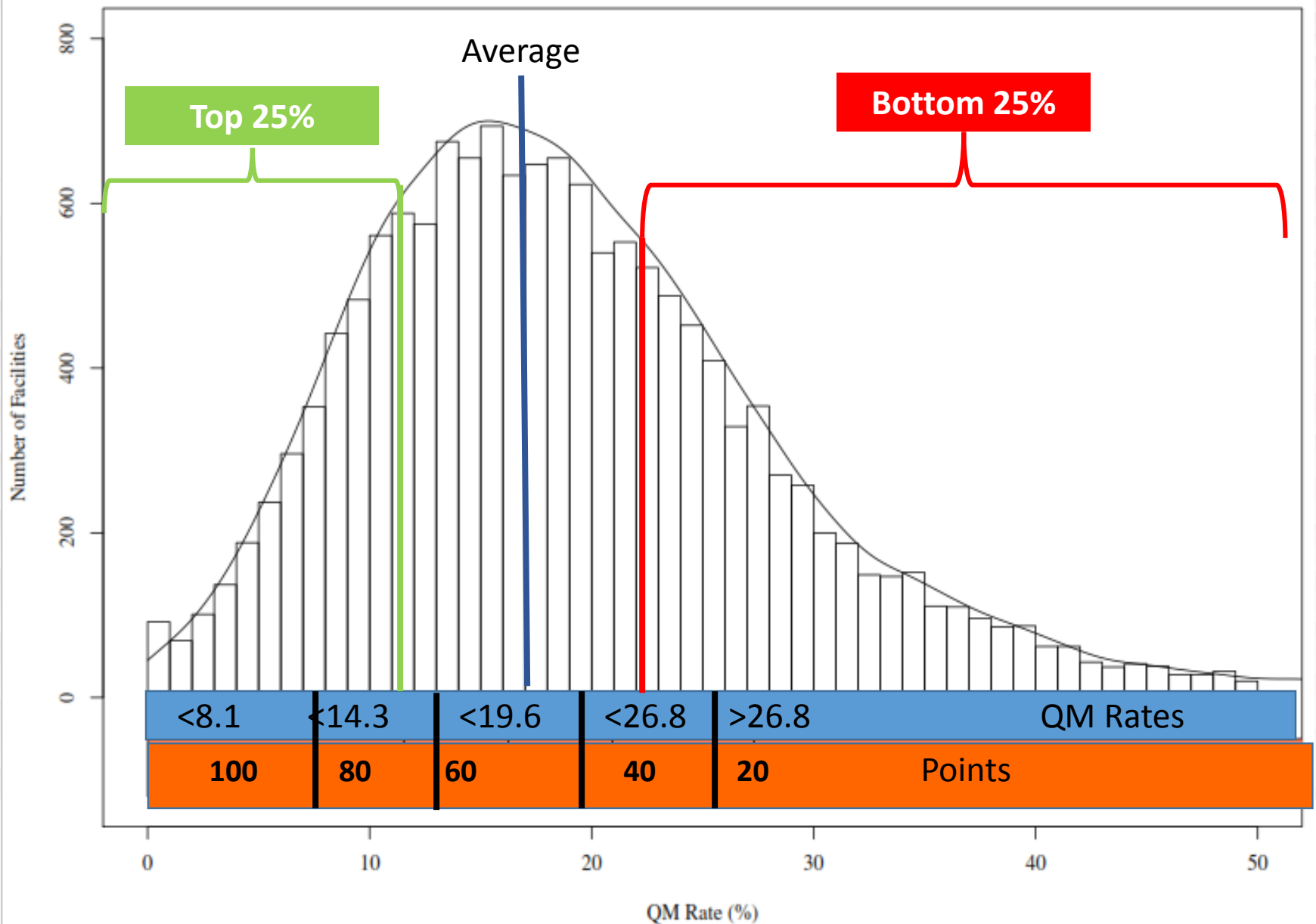
Quality Measure (All) Report: LS Antipsychotic Medication - 1 Quarter View

Sub-org chosen: No Sub-Org Assigned for Tealwood Care Centers. Peer geography: Entire nation. No peer type restriction. Centers from My Org are not included in peer group.

Percent

	Apr 2014 - Jun 2014	Jul 2014 - Sep 2014	Oct 2014 - Dec 2014	Jan 2015 - Mar 2015	Apr 2015 - Jun 2015
My Centers/Communities	14.3%	13.8%	14.1%	12.4%	13.9%
Peer Comparison	19.1%	19.0%	18.8%	18.4%	17.7%

Top National Performers

Quarter

AHCA/NCAL Long Term Care Trend Tracker℠

My Centers/Communities   Peer Comparison
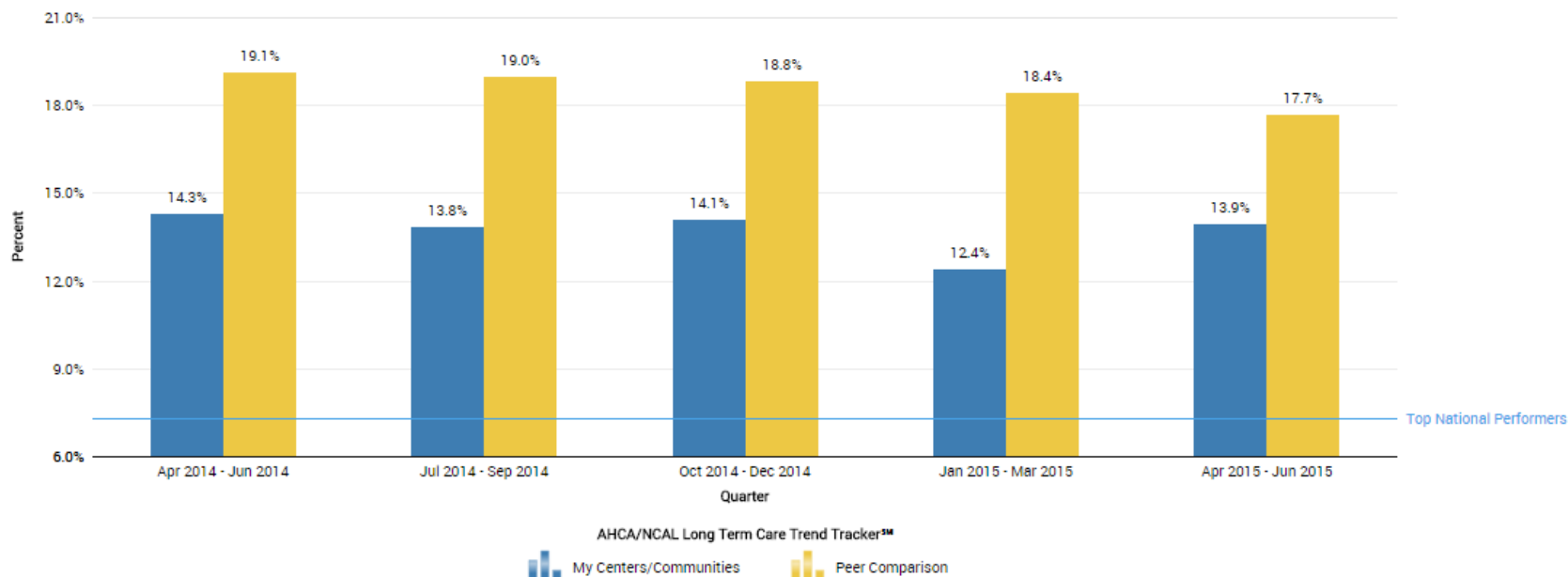
	Apr 2014 Jun 2014	Jul 2014 Sep 2014	Oct 2014 Dec 2014	Jan 2015 Mar 2015	Apr 2015 Jun 2015
My Centers/Communities	14.3%	13.8%	14.1%	12.4%	13.9%
Peers	19.1%	19.0%	18.8%	18.4%	17.7%
National Comparison					
Top Performer (Nation)	8.8%	8.7%	8.5%	8.3%	7.3%
90th Percentile (Nation)	31.7%	31.5%	31.4%	30.9%	29.8%
75th Percentile (Nation)	24.4%	24.1%	23.9%	23.3%	22.4%
50th Percentile (Nation)	17.6%	17.6%	17.3%	16.9%	16.2%
25th Percentile (Nation)	12.1%	12.0%	11.8%	11.6%	10.9%
10th Percentile (Nation)	7.7%	7.6%	7.4%	7.3%	6.8%

Changes to Five-Star

Overview of New Changes

- This week CMS announced

    - 6 **new** measures will be added to **Nursing Home Compare** in April 2016

    - 5 of them will be added to **Five-Star** in July 2016

        - o How they will be added or impact your star ratings…CMS has not yet announced

Six New Measures**

- Short-Stay:
    1. Discharge to Community*
    2. Emergency Room Use*
    3. Rehospitalization*
    4. Improvement in Function Since Admission*

- Long-Stay:
    5. Decline in Mobility*
    6. Use of Hypnotics/Anxiolytics

* *To be added to Five-Star in July 2016*
** *Summary of measure specifications available on AHCA website; CMS to post full details in near future*

Points on New Measures

- 3 measures are based on Medicare claims and include events that occur **<u>after</u>** discharge from the SNF
  - Rehospitalization rate
  - Emergency Room Use
  - Discharge to Community

Percentage of short-stay residents who were re-hospitalized after a nursing home admission

- Applies only to FFS Medicare Beneficiaries
- Counts rehospitalizations for any reason to any hospital within 30 days of admission to a SNF from a hospital
  - Counts readmissions both during & **after** SNF stay, if they are within 30 days of admission to SNF
  - Uses Medicare claims Part A and Part B to determine rehospitalizations or observation admissions.
  - Excludes
    - planned readmissions
    - admissions to SNF not directly from hospital (e.g. from IRF)
    - Enrolled in hospice
- Risk-adjusted
  - (actual rate/expected rate) x national average
- Rolling 12 month window, updated semi-annually
  - Data posted in April is from July 1st 2014 to June 30th 2015

Percentage of short-stay residents who have had an outpatient emergency department visit

- Applies only to FFS Medicare Beneficiaries
- Counts any ER visit during 30 days after admission to a SNF from a hospital that does not result in admission
  - Uses Medicare Part B claims to determine ER visits
  - Multiple ER visits during the time window count once
- Risk-adjusted
  - (actual rate/expected rate) x national average
- Rolling 12 month window, updated semi-annually
  - Data posted in April is from July 1st 2014 to June 30th 2015

Percentage of short-stay residents who were successfully discharged to the community

- Applies only to FFS Medicare Beneficiaries

- Counts discharges to community within 100 days following admission to the SNF from a hospital who remain in community alive for the next 30 days
  - Discharge to community is based on MDS discharge assessment
  - Uses Medicare claims to determine whether the discharge was successful at staying out of hospital or SNF or did not die 30 days after SNF discharge
  - Excludes individuals who resided in SNF prior to being hospitalized

- Risk-adjusted
  - (actual rate/expected rate) x national average

- Rolling 12 month window, updated semi-annually
  - Data posted in April is from July 1st 2014 to June 30th 2015

Preview Data Available in April

- CMS will make data available to SNFs to preview before posting on Nursing Home Compare

- Preview your rates on 6 measures on QIES

  - Your MDS coordinator probably has access to QIES

  - Instructions for accessing your preview data in the QIES system is on AHCA website

  - Data may be available around 3rd week in April (one week before CMS posting on NHC)

Potential Impact on Five-Star Ratings

- CMS has _not_ announced how they plan to incorporate the 5 measures into Five-Star

- SNFs performance on the new measures will likely change a SNF's ratings for QM component

- Recall, how the QM component impacts your overall star rating
  - Add 1 star when QM component = 5 stars
  - Lose 1 star when QM component = 1 star
  - No change when QM component = 2, 3, or 4 stars

What You Can Do?

- Begin now to review the measures and start to focus your efforts to improve before the measures are added to Five-Star

- Collect data on your current rates for rehospitalization, ER use and DC to community using a *free* tracking spread sheet by Advancing Excellence at https://www.nhqualitycampaign.org

What Else Can You Do?

- Access the following resources:
  - Links to CMS site and presentation at www.AHCANCAL.ORG/FiveStar
  - Measure specifications, instructions to access QIES, and links to webinars at https://educate.ahcancal.org/LearnED
  - Additional resources will continue to be added to ahcancalED

Updating LTC Trend Tracker

- Adding new measures as soon as CMS posts them on Nursing Home Compare (*estimate* by end of April)

- Updating the Five-Star prediction tools for July 2016, which will show:

  - How many points you got for each new measure

  - Which measures & by how much you need to improve to increase your star ratings

FUTURE CHANGES TO FIVE STAR

Estimated changes every 2 years

Add new measures

- SNF QRP measures from IMPACT act
- Staffing from PBJ
  - Turnover and retention in early 2018
  - Staffing levels

How to use Five Star Reports to Improve Your Ratings

Use LTC Trend Tracker to see where you can gain stars

Step 1 run five star report

- If < 5 star on QM component; run Quality Measure Prediction tool
- If <4 or 5 star on staffing run staffing prediction tool

Five Star Ratings (Overall) Organization Wide

		Jan 2016	
Overall Rating			
Number of Centers		111	My Centers
	# of Org	3,749	My Peers
Overall rating	SNFs	3.69	My Centers
		3.38	My Peers
★★★★★	42	37.8%	My Centers
		28.2%	My Peers
★★★★☆	22	19.8%	My Centers
		23.0%	My Peers
★★★☆☆	23	20.7%	My Centers
		18.3%	My Peers
★★☆☆☆	19	17.1%	My Centers
		19.9%	My Peers
★☆☆☆☆	5	4.5%	My Centers
		10.6%	My Peers

Five Star Ratings (Survey) Organization Wide

Health Inspection Rating

		Jan 2016	
Number of Centers		111	My Centers
		3,749	My Peers
Health Inspection Rating	# of Org SNFs	2.76	My Centers
		2.82	My Peers
★★★★★	7	6.3%	My Centers
		10.2%	My Peers
★★★★☆	27	24.3%	My Centers
		24.0%	My Peers
★★★☆☆	30	27.0%	My Centers
		22.8%	My Peers
★★☆☆☆	26	23.4%	My Centers
		23.3%	My Peers
★☆☆☆☆	21	18.9%	My Centers
		19.7%	My Peers

Starting off poorly

Five Star Ratings (RN Staffing) Organization Wide

Registered Nurse Staffing Rating

	# of Org SNFs		Jan 2016	
Number of Centers			10	My Centers
			3,653	My Peers
Registered Nurse Staffing Rating			4.09	My Centers
			3.61	My Peers
★★★★★	48		43.2%	My Centers
		Eligible to Gain Star	30.7%	My Peers
★★★★☆	36		32.4%	My Centers
			27.2%	My Peers
★★★☆☆	18		16.2%	My Centers
			21.8%	My Peers
★★☆☆☆	7		6.3%	My Centers
			12.8%	My Peers
★☆☆☆☆	2	At risk loosing Star	1.8%	My Centers
			7.5%	My Peers

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Five Star Ratings (DCS Staffing) Organization Wide

Direct Care Staffing Rating	# of Org SNFs		Jan 2016	
Number of Centers			111	My Centers
			3,653	My Peers
Direct Care Staffing Rating			3.71	My Centers
			3.45	My Peers
★★★★★	18	Eligible to Gain Star	16.2%	My Centers
			16.6%	My Peers
★★★★☆	60		54.1%	My Centers
			36.7%	My Peers
★★★☆☆	22		19.8%	My Centers
			28.8%	My Peers
★★☆☆☆	5	At risk loosing Star	4.5%	My Centers
			11.1%	My Peers
★☆☆☆☆	6		5.4%	My Centers
			6.9%	My Peers

Five Star Ratings (Quality Measures) Organization Wide

Quality Measures Rating	# of Org SNFs		Jan 2016	
Number of Centers			111	My Centers
			3,731	My Peers
Quality Measures Rating			4.31	My Centers
			3.73	My Peers
★★★★★	67	**Will Gain a Star**	60.4%	My Centers
			41.4%	My Peers
★★★★☆	22		19.8%	My Centers
			19.9%	My Peers
★★★☆☆	12		10.8%	My Centers
			16.1%	My Peers
★★☆☆☆	9		8.1%	My Centers
			15.8%	My Peers
★☆☆☆☆	1	**Will Loose a Star**	0.9%	My Centers
			6.8%	My Peers

Single SNF report (Overall Rating)

Five Star Overall Rating Report

Org:
Geographic Market: State
Peer Type: All peer types

[🖨 PRINT] [📊 EXPORT TO EXCEL CSV] [📄 EXPORT TO PDF]

	Dec 2015	Nov 2015	Oct 2015	Dec 2014	
Overall Rating					
Number of Centers	1	1	1	1	My Centers
	371	371	371	375	My Peers
Overall rating	3.00	3.00	3.00	3.00	My Centers
	3.51	3.49	3.46	3.62	My Peers
★★★★★	0.0%	0.0%	0.0%	0.0%	My Centers
	29.9%	28.6%	27.8%	30.1%	My Peers
★★★★☆	0.0%	0.0%	0.0%	0.0%	My Centers
	26.1%	27.0%	26.1%	30.1%	My Peers
★★★☆☆	100.0%	100.0%	100.0%	100.0%	My Centers
	18.9%	18.9%	20.8%	16.5%	My Peers
★★☆☆☆	0.0%	0.0%	0.0%	0.0%	My Centers
	15.6%	16.2%	15.4%	18.4%	My Peers
★☆☆☆☆	0.0%	0.0%	0.0%	0.0%	My Centers
	9.4%	9.4%	10.0%	4.8%	My Peers

Single SNF Survey Component

Health Inspection Rating	Jan 2016	Dec 2015	Nov 2015	Jan 2015	
Number of Centers	1	1	1	1	My Centers
	371	371	371	375	My Peers
Health Inspection Rating	2.00	2.00	2.00	2.00	My Centers
	2.88	2.86	2.87	2.85	My Peers
★ ★ ★ ★ ★	0.0%	0.0%	0.0%	0.0%	My Centers
	11.6%	11.6%	11.6%	11.5%	My Peers
★ ★ ★ ★ ★	0.0%	0.0%	0.0%	0.0%	My Centers
	24.8%	24.0%	24.8%	25.1%	My Peers
★ ★ ★ ★ ★	0.0%	0.0%	0.0%	0.0%	My Centers
	22.6%	22.1%	21.0%	21.3%	My Peers
★ ★ ★ ★ ★	100.0%	100.0%	100.0%	100.0%	My Centers
	22.4%	23.5%	23.7%	21.6%	My Peers
★ ★ ★ ★ ★	0.0%	0.0%	0.0%	0.0%	My Centers
	18.6%	18.9%	18.9%	20.5%	My Peers

Direct Care Staffing Rating

Single SNF Staffing Component

Direct Care Staffing Rating

Number of Centers	1	1	1	1	My Centers
	364	364	365	369	My Peers
Direct Care Staffing Rating	4.00	4.00	4.00	4.00	My Centers
	3.69	3.70	3.70	3.81	My Peers
★★★★★	0.0%	0.0%	0.0%	0.0%	My Centers
	14.0%	14.3%	14.5%	13.0%	My Peers
★★★★	100.0%	100.0%	100.0%	100.0%	My Centers
	51.6%	51.4%	51.5%	63.4%	My Peers
★★★	0.0%	0.0%	0.0%	0.0%	My Centers
	25.0%	26.1%	25.5%	16.3%	My Peers
★★	0.0%	0.0%	0.0%	0.0%	My Centers
	7.7%	6.9%	6.8%	6.0%	My Peers
★	0.0%	0.0%	0.0%	0.0%	My Centers
	1.6%	1.4%	1.6%	1.4%	My Peers

Add 1 Star

Loose 1 Star

Registered Nurse Staffing Rating

Number of Centers	1	1	1	1	My Centers
	364	364	365	369	My Peers
Registered Nurse Staffing Rating	5.00	5.00	5.00	5.00	My Centers
	4.07	4.10	4.09	4.01	My Peers
★★★★★	100.0%	100.0%	100.0%	100.0%	My Centers
	37.9%	37.6%	37.3%	33.9%	My Peers
★★★★	0.0%	0.0%	0.0%	0.0%	My Centers
	39.0%	41.8%	41.9%	40.7%	My Peers
★★★	0.0%	0.0%	0.0%	0.0%	My Centers
	15.9%	14.0%	14.0%	19.8%	My Peers
★★	0.0%	0.0%	0.0%	0.0%	My Centers
	6.6%	6.0%	6.0%	4.1%	My Peers
★	0.0%	0.0%	0.0%	0.0%	My Centers
	0.5%	0.5%	0.8%	1.6%	My Peers

Add 1 Star

Loose 1 Star

Single SNF QM Component

	Jan 2016	Dec 2015	Nov 2015	Jan 2015	
Quality Measures Rating					
Number of Centers	1	1	1	1	My Centers
	371	371	371	375	My Peers
Quality Measures Rating	2.00	2.00	2.00	4.00	My Centers
	3.61	3.61	3.61	4.19	My Peers
★★★★★ → Add 1 Star	0.0%	0.0%	0.0%	0.0%	My Centers
	34.2%	34.2%	34.2%	42.4%	My Peers
★★★★ ★	0.0%	0.0%	0.0%	100.0%	My Centers
	22.4%	22.4%	22.4%	39.2%	My Peers
★★★ ★ ★	0.0%	0.0%	0.0%	0.0%	My Centers
	19.9%	19.9%	19.9%	14.1%	My Peers
★★ ★ ★	100.0%	100.0%	100.0%	0.0%	My Centers
	16.7%	16.7%	16.7%	3.5%	My Peers
★ → Loose 1 Star	0.0%	0.0%	0.0%	0.0%	My Centers
	6.7%	6.7%	6.7%	0.8%	My Peers

![LTCtrendtracker — YOUR QUALITY & PERFORMANCE SOLUTION]

Org :
Geographic Market: All (Nation)
Peer Type: All peer types

🖨 PRINT   EXPORT TO EXCEL CSV

	Current					Goal			
	Org	Peer	Diff	%Diff	Percentile	Percentile	Score	Change	%Change
LS Physical Restraint	14.5%	1.1%	13.4%	1218.2%	20	60	1.9%	-12.6%	-86.9%
SS Pressure Ulcers New or Worsened (Adjusted)	1.8%	1.0%	0.8%	80.0%	25	25	100.0%	98.2%	5455.6%
LS High Risk Pressure Ulcers	6.7%	6.0%	0.7%	11.7%	40	40	8.9%	2.2%	32.8%
LS Antipsychotic	17.9%	19.5%	-1.6%	-8.2%	60	60	19.6%	1.7%	9.5%
LS ADL Decline	11.0%	15.6%	-4.6%	-29.5%	80	80	12.2%	1.2%	10.9%
LS Catheter (Adjusted)	1.3%	3.1%	-1.8%	-58.1%	80	80	2.1%	0.8%	61.5%
SS Antipsychotic	1.1%	2.4%	-1.3%	-54.2%	80	80	1.4%	0.3%	27.3%
LS Pain (Adjusted)	3.1%	7.6%	-4.5%	-59.2%	80	80	4.8%	1.7%	54.8%
LS Falls with Injury	1.3%	3.2%	-1.9%	-59.4%	80	80	2.3%	1.0%	76.9%
LS UTI	2.1%	5.7%	-3.6%	-63.2%	100	100	2.1%	0.0%	0.0%
SS Pain	6.4%	18.5%	-12.1%	-65.4%	100	100	8.3%	1.9%	29.7%

Total Percentile Points (Current/Goal):

Star Rating (Current/Goal):

Check Box to Open Prediction Tool

★★★★

QM Star Rating Predictor: ☐

QUALITY CARE

Example SNF 2 to 3 star

Rates to increase **Points**

Rates to Maintain **Points**

	Current		Goal			
	Org	Points[1]	Points[2]	Rates[3]	Change	%Change
SS Pain	30.3%	20	20	30.3%	69.7%	230.0%
LS Pain (Adjusted)	18.5%	20	40	12.5%	-6.0%	-32.4%
LS Falls with Injury	5.8%	20	40	5.0%	-0.8%	-13.8%
LS High Risk Pressure Ulcers	6.6%	40	40	8.9%	2.3%	34.8%
LS Catheter (Adjusted)	3.4%	40	40	4.8%	1.4%	41.2%
SS Pressure Ulcers New or Worsened (Adjusted)	1.2%	50	50	1.5%	0.3%	25.0%
LS ADL Decline	13.9%	60	60	15.2%	1.3%	9.4%
LS Antipsychotic	17.9%	60	60	19.6%	1.7%	9.5%
SS Antipsychotic	0.6%	80	80	1.4%	0.8%	133.3%
LS UTI	0.9%	100	100	2.1%	1.2%	133.3%
LS Physical Restraint	0.0%	100	100	0.0%	0.0%	NA
Total Percentile Points (Current/Goal):		590	630			
Star Rating (Current/Goal):		★★☆☆☆	★★★☆☆			

Example SNF 2 to 5 Star

Rates to increase **Points**

Rates to Maintain **Points**

	Current		Goal			
	Org	Points[1]	Points[2]	Rates[3]	Change	%Change
SS Pain	30.3%	20	60	20.0%	-10.3%	-34.0%
LS Pain (Adjusted)	18.5%	20	40	12.5%	-6.0%	-32.4%
LS Falls with Injury	5.8%	20	60	3.0%	-2.8%	-48.3%
LS High Risk Pressure Ulcers	6.6%	40	60	5.0%	-1.6%	-24.2%
LS Catheter (Adjusted)	3.4%	40	80	2.0%	-1.4%	-41.2%
SS Pressure Ulcers New or Worsened (Adjusted)	1.2%	50	50	1.5%	0.3%	25.0%
LS ADL Decline	13.9%	60	60	15.2%	1.3%	9.4%
LS Antipsychotic	17.9%	60	80	14.0%	-3.9%	-21.8%
SS Antipsychotic	0.6%	80	80	1.4%	0.8%	133.3%
LS UTI	0.9%	100	100	2.1%	1.2%	133.3%
LS Physical Restraint	0.0%	100	100	0.0%	0.0%	NA
Total Percentile Points (Current/Goal):		590	770			
Star Rating (Current/Goal):		★★☆☆☆	★★★★★			

Pull your CASPER Report

High-risk Pres Ulcer (L)	Num 4	Denom 70	Observed % 5.7%

Measure Description	CMS ID	Data	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile
SR Mod/Severe Pain (S)	N001.01		18	99	18.2%	18.2%	22.8%	18.7%	54
SR Mod/Severe Pain (L)	N014.01		2	46	4.3%	3.6%	9.9%	7.7%	36
Hi-risk Pres Ulcer (L)	N015.01		4	70	5.7%	5.7%	4.3%	6.5%	51
New/worse Pres Ulcer (S)	N002.01		2	161	1.2%	0.8%	0.9%	1.0%	69
Phys restraints (L)	N027.01		0	82	0.0%	0.0%	0.4%	1.0%	0
Falls (L)	N032.01		42	82	51.2%	51.2%	52.1%	44.3%	66
Falls w/Maj Injury (L)	N013.01		5	82	6.1%	6.1%	4.2%	3.3%	85 *
Antipsych Med (S)	N011.01		1	121	0.8%	0.8%	1.7%	2.6%	46
Antipsych Med (L)	N031.02		14	80	17.5%	17.5%	14.9%	19.2%	50
Antianxiety/Hypnotic (L)	N033.01		2	44	4.5%	4.5%	5.6%	9.8%	29
Behav Sx affect Others (L)	N034.01		24	75	32.0%	32.0%	30.7%	23.9%	74
Depress Sx (L)	N030.01		4	78	5.1%	5.1%	5.6%	6.2%	66
UTI (L)	N024.01		2	81	2.5%	2.5%	4.7%	5.9%	30
Cath Insert/Left Bladder (L)	N026.01		3	77	3.9%	3.7%	3.5%	3.6%	59
Lo-Risk Lose B/B Con (L)	N025.01		21	33	63.6%	63.6%	48.2%	45.0%	83 *
Excess Wt Loss (L)	N029.01		5	81	6.2%	6.2%	8.2%	7.7%	42
Incr ADL Help (L)	N028.01		5	64	7.8%	7.8%	14.8%	16.0%	17

Which residents?

Resident Name	Resident ID	A0310A/B/F	SR Mod/Severe Pain (S)	SR Mod/Severe Pain (L)	**High-risk Pres Ulcer (L)**	Phys restraints (L)	Falls (L)	Falls w/Maj Injury (L)	Antipsych Med (S)	Antipsych Med (L)	Antianxiety/Hypnotic (L)	Behav Sx Affect Others (L)	Depress Sx (L)	UTI (L)	Cath Insert/Left Bladder (L)	Lo-Risk Lose B/B Con (L)	Excess Wt Loss (L)	Incr ADL Help (L)	Quality Measure Count
Data			C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	
Active Residents																			
ABEL, ABE	12121212	02/99/99	b	b	X	b	b	X	b	b	X	b	X	b	b	b	b	b	3
BEAN, BERTHA	23232323	99/03/99	X	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	1
COLUMBUS, CARMEN	34343434	02/99/99	b	b	X	b	b	X	b	b	X	b	b	b	b	b	b	b	2
JACKSON, JANE	33333333	04/99/99	b	b	b	b	b	X	X	X	b	b	b	b	b	x	b	X	5
JACKSON, JEFF	45454545	01/01/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
JOHNSON, JACKIE	56565656	99/99/01	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
JOHNSON, JOHN	66666666	02/99/99	b	b	X	b	b	X	X	X	b	b	b	b	b	b	X	b	4
KIRK, KENNETH	67676767	99/99/01	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
LARSEN, LYLE	78787878	99/03/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
LARSON, LILLY	89898989	03/99/99	b	b	X	b	b	X	b	b	X	b	X	b	b	b	b	b	3
MICHAELS, MERLIN	90909090	99/03/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
NUTTE, NANCY	25252525	99/02/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
OLIVERS, OLIVIA	36363636	01/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
PETERSON, PETER	99999999	02/99/99	b	b	b	b	b	b	b	b	b	b	b	b	X	b	b	b	3

High-risk Pres Ulcer (L)	Num	Denom	Observed	Goal
Current	4	70	5.7%	5.0%
Goal increase points	3	70	4.2%	5.0%

Features of Successful Health Care Organizations

- Use data to track performance
  - Set goals and make them visible
- Conduct Root cause analysis
  - Need right philosophy or view point
- Teams to pilot test new ideas and approaches
  - Pilot tests short time periods with few residents at a time
- Leadership
  - Empower staff to solve problems
  - Provider resources to staff to achieve goals and solve problems
- Problem solving and learning
  - Adverse events viewed as opportunities to learn
  - Learn from others

Take Home Tips

- Track all your hospitalizations & ER visits using AE tool
- Review rehospitalizations as if 100% were preventable
- Use CoreQ and enter data into LTC Trend Tracker
- Develop robust transition of care program
- Pursue Silver & Gold Baldridge Recognition
- Review your policies and procedures for complexity
  - Ask staff for one documentation requirement or P&P component they find burdensome, frustrating and not adding much value.
- Review in-services to focus on skill acquisition
- Pilot test for 1 resident, 1 staff on 1 unit for 1 day

Contact Information

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