



## **2018 Long-Term Care Quality Improvement Program (QIP)**

### **Program Description & Measurement Specifications**

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## I. Program Contact Information

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## II. Program Overview and Background

Partnership HealthPlan of California (PHC) has value-based purchasing programs in the areas of primary care, hospital care, specialty care, community pharmacy, and mental health. Beginning January 1, 2016, the Long-Term Care (LTC) Quality Improvement Program (QIP) was established to offer sizeable financial incentives to support and improve the quality of long-term care provided to our members. In collaboration with LTC representatives, a simple, meaningful measurement set has been developed and includes measures in the following areas: Clinical, Functional Status, Resource Use, and Operations.

### Eligibility Criteria

LTC facilities must have a PHC contract by December 15, 2017 to be eligible. LTCs must remain contracted through December 31, 2018 to be eligible for payment. Participation will require signing a Letter of Agreement by December 15, 2017 to participate in the 2018 LTC QIP. LTC facilities must be in good standing with state and federal regulators as of the month the payment is to be disbursed. Good standing means that the LTC is open, solvent, not under financial sanctions from the state of California or Centers for Medicare & Medicaid Services. If an LTC appeals a financial sanction and prevails, PHC will entertain a request to change the LTC status to good standing.

### Financing Policy

The LTC QIP incentives are separate and distinct from a facility's usual reimbursement. Each LTC's potential earning pool is structured as a -bonus, dependent on 1) PHC member volume and 2) an average per diem rate for all facilities (as opposed to a facility-specific amount dependent on a facility's prevailing rates). The average per diem rate is determined by the Board of Directors. For 2018, the estimate is \$4.50 per member per day. This estimate is subject to change based on actual rates and reimbursements in 2018. The bonus will be paid out at the end of the measurement year according to the number of points earned. The withheld funds are specific to each facility and will only be paid out to the extent points are awarded. Unspent funds will be retained by PHC. Year-end payments will be mailed by April 30 following the measurement year.

In the event that an LTC receives a retroactive rate change from DHCS after April 1 following the measurement year, the QIP payment will be based on the rate in effect as of April 1 for the measurement year. All QIP payments will be considered final.

Example:

	<b>Number of PHC Custodial Members (assumed the same number for all 365 days)</b>	<b>Annual Payment (\$224 per custodial member per day on average)</b>	<b>Potential Earning Pool (Annual payment*2%)</b>	<b>QIP Score (out of 100)</b>	<b>QIP Dollars Earned</b>
LTC Facility 1	20	\$1,635,200	\$32,704	45 points	\$14,716
LTC Facility 2	10	\$817,600	\$16,352	90 points	\$14,716
LTC Facility 3	50	\$4,088,000	\$81,760	90 points	\$73,584

### **Guiding Principles**

The LTC QIP will adhere to the following principles:

1. Where possible, pay for outcomes instead of processes
2. Actionable measures
3. Feasible data collection
4. Collaboration with providers in measure development
5. Simplicity in the number of measures
6. Representation of different domains of care
7. Align measures that are meaningful
8. Stable measures

### III. 2018 Summary of Measures

Measure	Source	Threshold <sup>1</sup>	Points
<b>GATEWAY MEASURE</b>			
CMS Five-Star Quality Rating	CMS	Facilities must receive at least two stars in the CMS Five-Star Quality Rating in order to be eligible for the other measures in the program. Facilities receiving one star will not be eligible.	n/a
<b>CLINICAL DOMAIN</b>			
1. Percent of high-risk residents with pressure ulcers	CMS	Points for being at or below the average US performance of 5.6%.	10
2. Percent of residents who lose too much weight	CMS	Points for being at or below the average US performance of 7.1%.	10
3. Percent of long-stay residents who needed and got a flu shot	CMS	Points for being at or above the average US performance of 94.9%	5
4. Percent of long-stay residents who got a vaccine to prevent pneumonia	CMS	Points for being at or above the average US performance of 94.1%	5
<b>FUNCTIONAL STATUS</b>			
5. Percent of residents experiencing one or more falls with major injury	CMS	Points for being at or below the average US performance of 3.4%	10
6. Percent of residents who have/had a catheter inserted and left in their bladder	CMS	Points for being at or below the average US performance of 1.9%	10
<b>RESOURCE USE</b>			
7. Number of hospitalizations per 1,000 resident days	CMS	Full points if less than 1.7, half points if 1.70 to 1.88	10
<b>OPERATIONS/ SATISFACTION</b>			
8. Health Inspection Rating	CMS	CMS Stars rating with 4 and above for full credit, 3 for half credit	10
9. Staffing Rating	CMS	CMS Stars rating with 4 and above for full credit, 3 for half credit	10
10. Implementation Plan	Submission	None, pay for reporting	10
11. QI Training and QAPI Self-Assessment	Submission	None, pay for reporting	10

<sup>1</sup> All clinical and functional measure thresholds are based on data on February 1, 2018 listed on <http://www.medicare.gov/NursingHomeCompare/compare.html#cmprTab=3&cmprID=555227%2C555694&cmprDist=1.7%2C3.6&loc=94960&lat=37.9885355&lng=-122.5655549>

## GATEWAY MEASURE

### CMS Five-Star Quality Rating

#### Description

Facilities must receive at least two stars in the CMS Five-Star Quality Rating in order to be eligible for the other measures in the program. Facilities receiving one star will not be eligible.

This eligibility measure is designed to ensure the QIP is rewarding high quality care. According to CMS, facilities with 1 star are considered to have quality much below average.

#### Reporting Guidelines

No reporting by the facility is required. PHC will extract summary data on Nursing Home Compare in February 2019.

**Measure 1. Percent of Residents with Pressure Ulcers****Description**

Measures the percentage of long-stay, high-risk residents with Stage II-IV pressure ulcers.

Pressure ulcers can cause severe discomfort. Patients with advanced pressure ulcers often have decreased mobility and independent function. As part of the Five-Star Rating System, this measure is an important piece of understanding quality outcomes of Long-Term Care facilities.<sup>1</sup>

Specifications are extracted from MDS 3.0 Quality Measures User's Manual. The manual can be accessed here: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V10.pdf>

**Threshold**

- Full points: ≤5.6% (National average of NQF Measure 0679)

**Denominator**

All long-stay residents with a selected target assessment who meet the definition of high risk, except those with exclusions. Residents are defined as high-risk if they meet one or more of the following three criteria on the target assessment:

1. Impaired bed mobility or transfer indicated,
2. Comatose,
3. Malnutrition or at risk of malnutrition.

**Numerator**

All long-stay residents with a selected target assessment that meets both of the following conditions:

1. There is a high risk for pressure ulcers, where "high-risk" is defined in the denominator definition.
2. Stage II-IV pressure ulcers are present.

**Exclusions**

Target assessment is an admission assessment or a PPS 5-day or readmission/return assessment.

If the resident is not included in the numerator (the resident did not meet the pressure ulcer conditions for the numerator).

**Reporting Guidelines**

No reporting by the facility is required. PHC will extract summary data on Nursing Home Compare in February 2019.

**Measure 2. Percent of Residents Who Lose Too Much Weight****Description**

Measures the percentage of long-stay residents who had a weight loss of 5% or more in the last month or 10% or more in the last two quarters who were not on a physician prescribed weight loss regimen.

Unmanaged or unintended weight loss in nursing home residents can further complicate existing health conditions. Weight loss complications include frailty, bone fractures, and compromised immune systems. This measure evaluates the rate of residents seeing unintended weight loss.<sup>ii</sup>

Specifications are extracted from MDS 3.0 Quality Measures User's Manual. The manual can be accessed here: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V10.pdf>

**Threshold**

- Full points: ≤7.1% (National average of NQF Measure 0689)

**Denominator**

All long-stay residents with a selected target assessment except those with exclusions.

**Numerator**

Long-stay residents with a selected target assessment which indicates a weight loss of 5% or more in the last month, or 10% or more in the last six months who were not on a physician prescribed weight-loss regimen.

**Exclusions**

Target assessment is an OBRA admission assessment.

Weight loss item is missing on target assessment.

**Reporting Guidelines**

No reporting by the facility is required. PHC will extract summary data on Nursing Home Compare in February 2019.



**Measure 3. Flu Shot for Current Flu Season**

**Description**

Measures the percentage of long-stay residents who are given, appropriately, the influenza vaccination during the current or most recent influenza season.

The CDC considers residents of long term care facilities to be at greater risk for seasonal influenza.<sup>iii</sup> Therefore, preventing the flu from occurring and spreading should be a priority for health care residences.

Specifications are extracted from MDS 3.0 Quality Measures User’s Manual. The manual can be accessed here: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V10.pdf>

**Threshold**

- Full points: ≥94.9% (National average of NQF Measure 0681)

**Denominator**

All long-stay residents, regardless of payer, with a selected target assessment, except those with exclusions.

**Numerator**

Residents meeting any of the following criteria on the selected target assessment:

1. Resident received the influenza vaccine during the current or most recent influenza season, either in the facility (O0250A = [1]) or outside the facility (O0250C = [2]); or
2. Resident was offered and declined the influenza vaccine (O0250C = [4]); or
3. Resident was ineligible due to contraindication(s) (O0250C = [3]) (e.g., anaphylactic hypersensitivity to eggs or other components of the vaccine, history of Guillain-Barre Syndrome within 6 weeks after a previous influenza vaccination, bone marrow transplant within the past 6 months).

**Exclusions**

Resident was not in facility during the current or most recent influenza season.

**Reporting Guidelines**

No reporting by the facility is required. PHC will extract summary data on Nursing Home Compare in February 2019.

**Measure 4. Residents Receiving a Pneumonia Vaccine**

**Description**

Measures the percentage of long-stay residents whose pneumococcal polysaccharide vaccine status is up to date.

Pneumonia is a common disease in many long-term care facilities and causes increases in morbidity and mortality.<sup>iv</sup> This measure is proposed as new to measurement set in order to evaluate adequate preventive opportunities being available to members

Specifications are extracted from MDS 3.0 Quality Measures User’s Manual. The manual can be accessed here: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V10.pdf>

**Threshold**

- Full points: ≥94.1% (National average of NQF Measure 0683)

**Denominator**

All long-stay residents, regardless of payer, with a selected target assessment.

**Numerator**

Residents meeting any of the following criteria on the selected target assessment:

1. Have an up to date pneumococcal vaccine status (O0300A = [1]); or
2. Were offered and declined the vaccine (O0300B = [2]); or
3. Were ineligible due to medical contraindication(s) (e.g., anaphylactic hypersensitivity to components of the vaccine; bone marrow transplant within the past 12 months; or receiving a course of chemotherapy within the past two weeks) (O0300B = [1]).

**Reporting Guidelines**

No reporting by the facility is required. PHC will extract summary data on Nursing Home Compare in February 2019.

**Measure 5. Falls with Major Injury****Description**

Measures the percentage of long-stay residents who have experienced one or more falls with major injury.

A common safety concern in many nursing homes, injuries due to falls can severely impact a resident's quality of life. Additionally, residents may in turn lose motivation or confidence in independent mobility after a fall.<sup>v</sup>

Specifications are extracted from MDS 3.0 Quality Measures User's Manual. The manual can be accessed here: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V10.pdf>

**Threshold**

Full points: ≤3.4% (National average of NQF Measure 0674)

**Denominator**

All long-stay residents with one or more look-back scan assessments except those with exclusions.

**Numerator**

Long-stay residents with one or more look-back scan assessments that indicate one or more falls that resulted in major injury.

**Exclusions**

Resident is excluded if one of the following is true for all of the look-back scan assessments:

1. The occurrence of falls was not assessed.

OR

2. 0 assessment indicates that a fall occurred AND the number of falls with major injury was not assessed.

**Reporting Guidelines**

No reporting by the facility is required. PHC will extract summary data on Nursing Home Compare in February 2019.

**Measure 6. Catheter Inserted and Left in Bladder**

**Description**

Measures the percentage of long-stay residents who have had an indwelling catheter in the last seven days.

Extended use of catheters are associated with urinary tract infections and prolonged hospital or inpatient stays. This measure evaluates the frequency of catheter use in low-risk residents without preexisting conditions.<sup>vi</sup>

Specifications are extracted from MDS 3.0 Quality Measures User’s Manual. The manual can be accessed here: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V10.pdf>

**Threshold**

Full points: ≤1.9% (National average of NQF Measure 0686)

**Denominator**

All long-stay residents with one or more look-back scan assessments except those with exclusions.

**Numerator**

Long-stay residents with a selected target assessment which indicates the use of indwelling catheters.

**Exclusions**

Target assessment is an admission assessment of a PPS 5-day or readmission/return assessment.

Target assessment indicates that indwelling catheter status is missing.

Target assessment indicates neurogenic bladder or neurogenic bladder status is missing.

Target assessment indicates obstructive uropathy or obstructive uropathy status is missing.

**Reporting Guidelines**

No reporting by the facility is required. PHC will extract summary data on Nursing Home Compare in February 2019.

**Measure 7. Inpatient Admissions/1000 Resident Days**

**Description**

Measures the rate of long-stay residents with one or more hospital admission during the review period.

Hospitalizations for long-term care facility residents can disrupt their continuity of care and lead to costly complications.<sup>vii</sup> This measure evaluates facilities’ hospitalization rates across the PHC network.

**Threshold**

Full points: less than 1.70  
 Half points: between 1.70 and 1.88

**Denominator**

The denominator is the total number of days (in thousands) during the target period that all long-stay residents were in the nursing home facility after they attained long-term resident status (i.e., after 100 cumulative days at the facility). The denominator does not include the days between nursing home stays, including days that a resident is admitted to an inpatient facility or other institution, or days the resident was enrolled in hospice.

**Numerator**

The numerator for the measure is the number of admissions to an acute care or critical access hospital, for an inpatient or outpatient observation stay, occurring while the individual is a long-term nursing home resident. Planned inpatient admissions are not counted in the numerator since they are unrelated to the quality of care at the nursing home. Hospitalizations are classified as planned or unplanned using the same version of CMS’s Planned Readmissions Algorithm used to calculate the Short-Stay hospital readmissions measure used in the Nursing Home Compare Five-Star Rating system. The algorithm identifies planned admission using the principal discharge diagnosis category and all procedure codes listed on inpatient claims, coded using the AHRQ CCS software. Observation stays are included in the measure regardless of diagnosis. The numerator also excludes unplanned inpatient admissions and observation stays that occur while a resident is enrolled in hospice.

**Reporting Guidelines**

No reporting by the facility is required. PHC will extract data summary from Nursing Home Compare in February 2020.

**Measure 8. Health Inspection Rating**

**Description**

Measures the inspections conducted by federal surveyors to ensure safe and clean conditions for long term care residents.

Because CMS requires most nursing homes to partake in these onsite inspections, this measure ensures that facilities are evaluated through a standardized process and compared objectively against a large number of facilities.

**Threshold**

- Full Points: Health Inspection rating of 4 or above
- Partial Points: Health Inspection rating of 3

**Reporting Guidelines**

No reporting by the facility is required. PHC will extract Health Inspection stars score on Nursing Home Compare in February 2019.

To find out more about how ratings are calculated, visit

<https://www.medicare.gov/NursingHomeCompare/About/HowWeCalculate.html>

**Measure 9. Staffing Rating**

**Description**

Measures the ratio of staffing hours per resident day for long term care residents.

Higher staff to resident ratios are generally associated with greater care quality.<sup>viii</sup> CMS uses a standard scale to rate staffing ratios across the state. This measure is proposed as new to the measurement set as a means to ensure sufficient care staff levels for members.

**Threshold**

- Full Points: Health Inspection rating of 4 or above
- Partial Points: Health Inspection rating of 3

**Reporting Guidelines**

No reporting by the facility is required. PHC will extract Staffing stars score on Nursing Home Compare in February 2019.

To find out more about how ratings are calculated, visit

<https://www.medicare.gov/NursingHomeCompare/About/HowWeCalculate.html>

**Measure 10. Quality Improvement Implementation Plan**

**Description**

Measures the progress toward implementing either INTERACT 4.0, or the Quality Assurance and Performance Improvement program.

Quality Improvement is the foundation of the QIP. Taking time to assess progress towards goals leads to improved outcomes. This measure encourages facilities to set goals and develop plans for achieving them.<sup>ix</sup>

**Threshold**

- None: up to ten points earned through semi-annual reporting

**Measure Options**

LTC facilities can earn up to ten points by reporting on an initial implementation plan and progress towards its goals during the measurement year. There are two eligible resources for improvement programs, of which a site should choose one for the year. LTCs must use the Implementation Plan templates to complete the requirements for the measure. Improvement plans are subject to review and audit by the PHC Quality Department.

Resource 1: INTERACT 4.0  
INTERACT Implementation Checklist

Resource 2: Quality Assurance and Performance Improvement program  
Performance Improvement Plan (PIP) Charter with goals

**Reporting Guidelines**

This measure is based on two plan elements. Please see the table below for reporting timeline templates.

<b>Implementation Plan Element</b>	<b>Submission Due Date</b>	<b>Points Available</b>
<a href="#">Part I</a>	August 31, 2018	5
<a href="#">Part II</a>	February 28, 2019	5



**Measure 11. QI Training and QAPI Self-Assessment**

**Description**

Measures the attendance of training focusing on quality improvement methods and practices.

Quality Improvement is the foundation of the QIP. The program encourages regular education in quality improvement methods and continuing education of clinical guidelines.

**Threshold**

- Full points: completion of both measurement steps
- Partial points: completion of either one of the two measurement steps

**Measure Steps**

LTCs can earn up to ten points by completing the following steps. Documentation for all steps is due by February 28, 2019.

Step 1: Quality Improvement Training

Send two or more staff members to attend PHC-approved training focusing on quality improvement, and submit proof of attendance (i.e. certification of attendance). A list of approved trainings and dates can be found as [Appendix IV](#) and will be updated as information becomes available. (5 points)

**AND**

Step 2: Quality Assurance Performance Improvement Self-Assessment

Complete and submit a QAPI Self-Assessment. (5 points).

## Appendix I. Submission Timeline

Measure	Submission Required	Submission Due Date
<b>Gateway Measure</b>		
CMS Five-Star Rating	No; based on Nursing Home Compare data extracted February 2019	N/A
<b>Clinical</b>		
1. Percent of high-risk residents with pressure ulcers	No; based on Nursing Home Compare data extracted February 2019	N/A
2. Percent of residents who lose too much weight		
3. Long-stay residents who needed and got a flu shot		
4. Long-stay residents who got a vaccine to prevent pneumonia		
<b>Functional Status Domain</b>		
5. Percent of residents experiencing one or more falls with major injury	No; based on Nursing Home Compare data extracted February 2019	N/A
6. Percent of residents who have/had a catheter inserted and left in their bladder		
<b>Resource Use Domain</b>		
7. Inpatient Admissions/1000 Resident Days	No; calculated using PHC data	N/A
<b>Operations/Satisfaction Domain</b>		
8. Health Inspection Rating	No; based on Nursing Home Compare data extracted February 2019	N/A
9. Staffing Rating		
10. Implementation Plan	Yes; reported semi-annually	August 31, 2018: Submission Template I  February 28, 2019: Submission Template II
11. QI Training and QAPI Self-Assessment	Yes; reported annually	February 28, 2019: Certificate of Attendance, QAPI Self-Assessment





## Appendix IV

### Approved Quality Improvement Trainings

Trainings and conferences on this list are approved for the purposes of the 2018 LTC QIP [QI Training Measure](#). In order to earn points for this measure component, facilities should have at least two staff members participate in any of the trainings listed below and submit evidence of attendance (not just registration) by February 28, 2019. Trainings not found on this list will be reviewed for approval. Send certificates of attendance to [LTCQIP@PartnershipHP.org](mailto:LTCQIP@PartnershipHP.org).

#### In-person:

Date	Host/Sponsor	Event Name	Event Details
3/18/18 – 3/20/18	CAHF	2018 Spring Legislative Conference	<a href="http://www.cahf.org/Education-Events/Event-Info/sessionaltcd/18MAR">http://www.cahf.org/Education-Events/Event-Info/sessionaltcd/18MAR</a>
3/14/18	CAHF	EMResource Training	<a href="http://www.cahf.org/Education-Events/Event-Info/sessionaltcd/DPP031418">http://www.cahf.org/Education-Events/Event-Info/sessionaltcd/DPP031418</a>
3/28/18-3/29/18	CAHF	QIDP Certification Program	<a href="http://www.cahf.org/Education-Events/EventsCalendar">http://www.cahf.org/Education-Events/EventsCalendar</a>
4/17/18-4/19/18	CAHF	Director of Staff Development 24 Hour Education Training	<a href="http://www.cahf.org/Education-Events/EventsCalendar">http://www.cahf.org/Education-Events/EventsCalendar</a>
4/19/18	CAHF	Conditions of participation Training	<a href="http://www.cahf.org/Education-Events/EventsCalendar">http://www.cahf.org/Education-Events/EventsCalendar</a>
5/24/18	CAHF	Safe Evacuation for LTC Providers	<a href="http://www.cahf.org/Education-Events/EventsCalendar">http://www.cahf.org/Education-Events/EventsCalendar</a>
6/20/18-6/21/18	CAHF	DON Nurse Leadership Training	<a href="http://www.cahf.org/Education-Events/EventsCalendar">http://www.cahf.org/Education-Events/EventsCalendar</a>
7/15/18-7/18/18	CAHF	Summer Conference (Monterey)	<a href="http://www.cahf.org/Education-Events/EventsCalendar">http://www.cahf.org/Education-Events/EventsCalendar</a>
9/4/18-9/6/18	CAHF	Director of Staff Development 24 Hour Education Training	<a href="http://www.cahf.org/Education-Events/EventsCalendar">http://www.cahf.org/Education-Events/EventsCalendar</a>
9/20/18	CAHF	Quality Symposium NorCal	<a href="http://www.cahf.org/Education-Events/EventsCalendar">http://www.cahf.org/Education-Events/EventsCalendar</a>

#### Web-based:

Date	Event Details	Registration/ Cost
2/28/18	<p><b>Change in Condition: Sepsis, Part II</b></p> <p>Learn to recognize the early signs and symptoms of sepsis infection, identification, and control. Take this opportunity to learn from our presenter's extensive expertise that can be instantly applied to help provide better care to older adults in post-acute settings.</p> <p>While this clinical webinar is a follow-up to a <a href="#">November 29, 2017</a>, webinar on how to use SBARs to recognize the early signs and symptoms of sepsis infection, this February 28 webinar is still relevant, even if you were not able to attend the November webinar.</p>	<p><a href="https://hsag.com/en/events/20182/february-20182/change-in-condition-sepsis-part-ii/">https://hsag.com/en/events/20182/february-20182/change-in-condition-sepsis-part-ii/</a></p>

Date	Event Details	Registration/ Cost
3/28/18	<p><b>Utilizing Principles from Evidence-based Care Coordination Programs</b> Review key principles of evidence based care coordination models, such as:</p> <ol style="list-style-type: none"> <li>1. BOOST (Better Outcomes for Older Adults through Safe Transitions),</li> <li>2. CTI (Care Transitions Intervention, Coleman Transitions Intervention Model or Coleman Model),</li> <li>3. INTERACT (Interventions to Reduce Acute Care Transfers), and</li> <li>4. Project RED (Re-engineered Discharge).</li> </ol>	<a href="https://hsag.com/en/events/20182/march-20182/utilizing-principles-from-evidence-based-care-coordination-programs/">https://hsag.com/en/events/20182/march-20182/utilizing-principles-from-evidence-based-care-coordination-programs/</a>
4/25/18	<p><b>Change in condition: heart failure, anticoagulants, and medication reconciliation</b></p> <p>Examine the use of forms—Change in Condition and Situation Background Assessment Recommendation (SBAR)—that will increase caregiver confidence when assessing older adults in post-acute settings.</p> <p>Identify processes to recognize change in condition involving heart failure, anticoagulants, and the need for medication reconciliation for older adults in post-acute settings.</p>	<a href="https://hsag.com/en/events/20182/april-20182/change-in-condition-heart-failure-anticoagulants-and-medication-reconciliation/">https://hsag.com/en/events/20182/april-20182/change-in-condition-heart-failure-anticoagulants-and-medication-reconciliation/</a>
5/23/18	<p><b>Running a readmission review committee his Reducing Readmission Preparation</b></p> <ul style="list-style-type: none"> <li>• Demonstrate how to run a readmission review committee.</li> <li>• Explore best practice nursing home presentation on how the INTERACT chart audit tool can be utilized.</li> <li>• Discuss the importance of physician leadership in reducing preventable readmissions to the hospitals</li> </ul>	<a href="https://hsag.com/en/events/20182/may-20182/running-a-readmission-review-committee/">https://hsag.com/en/events/20182/may-20182/running-a-readmission-review-committee/</a>
6/27/18	<p><b>Change in condition: Diabetes and Hypoglycemia</b></p> <ul style="list-style-type: none"> <li>• Examine the use of forms—Change in Condition and Situation Background Assessment Recommendation (SBAR)—that will increase caregiver confidence when assessing older adults in post-acute settings.</li> <li>• Identify processes to recognize symptoms of diabetes and hypoglycemia for older adults in post-acute settings</li> </ul>	<a href="https://hsag.com/en/events/20182/june-20182/change-in-condition-diabetes-and-hypoglycemia/">https://hsag.com/en/events/20182/june-20182/change-in-condition-diabetes-and-hypoglycemia/</a>
7/25/18	<p><b>Listening to your residents: using teach-back and motivational interviewing</b></p> <ul style="list-style-type: none"> <li>• Review the discharge process and communicating instructions for residents discharging to home settings.</li> <li>• Examine the use of the teach-back method with nursing home residents.</li> <li>• Examine the use of motivational interviewing techniques with nursing home residents.</li> </ul>	<a href="https://hsag.com/en/events/20182/july-20182/listening-to-your-residents-using-teach-back-and-motivational-interviewing/">https://hsag.com/en/events/20182/july-20182/listening-to-your-residents-using-teach-back-and-motivational-interviewing/</a>

Date	Event Details	Registration/ Cost
8/22/18	<p><b>Change in Condition: COPD</b></p> <ul style="list-style-type: none"> <li>• Examine the use of forms—Change in Condition and Situation Background Assessment Recommendation (SBAR)—that will increase caregiver confidence when assessing older adults in post-acute settings.</li> <li>• Identify processes to recognize symptoms of chronic obstructive pulmonary disease (COPD) for older adults in post-acute settings</li> </ul>	<p><a href="https://hsag.com/en/events/20182/august-20182/change-in-condition-chronic-obstructive-pulmonary-disease-copd/">https://hsag.com/en/events/20182/august-20182/change-in-condition-chronic-obstructive-pulmonary-disease-copd/</a></p>
9/26/18	<p><b>Ready, set, Go! Sharing Success stories</b></p> <ul style="list-style-type: none"> <li>• Reducing Readmission Preparation Program series conclusion</li> <li>• Review of best practices recommended from the “Intervention Strategies and Clinical Skills to Reduce Readmissions” webinar series</li> <li>• Share success stories</li> </ul>	<p><a href="https://hsag.com/en/events/20182/september-20182/ready-set-go-sharing-success-stories/">https://hsag.com/en/events/20182/september-20182/ready-set-go-sharing-success-stories/</a></p>

**Classes for CAHF Chapter Trainings:** Courses found on the Quality Care Health Foundation list of Pre-Approved Classes for CAHF Chapter Trainings are approved for the 2018 LTC QIP Training Measure. The list can be found: <http://www.cahf.org/Portals/29/QCHF/2017/Pre-Approved List Updated100517.pdf?ver=2017-10-09-100117-617>

## Appendix V: Works Cited for Measure Rationale

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