



**2019 Long-Term Care Facility
Quality Improvement Program
(LTC QIP)
Kick Off Webinar**

Date: February 27, 2019

Audio Instructions

**You are currently
muted!**

To avoid echoes
and feedback, we
request that you
use the telephone
instead of your
computer
microphone for
listening/talking
during the webinar.

THIS WEBINAR IS BEING
RECORDED!



Introductions & Contact Information

QIP Team Members (Fairfield and Redding)

Website: http://www.partnershiphp.org/Providers/Quality/Pages/LTC_QIP/Long-Term_Care_QIP.aspx

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Quiz Question

When did the LTC QIP begin?

2015

2016

2017

2018



Overview

- I. Background
- II. Program Year 2018 Summary & Deadlines
- III. Program Structure
- IV. Measurement Year 2019
- V. Joint Commission Presentation
- VI. Q&A

I. Background

- PHC Mission: To help our members, and the communities we serve, be healthy
- Serves over 550,000 Medi-Cal members in 14 counties through local care providers
- Strategic focus areas: High quality health care, operational excellence, financial stewardship
- Quality Improvement Programs (QIPs) in primary care, hospital care, specialty care, and community pharmacy
- About 75 contracted long-term care facilities

I. Background

LTC QIP Guiding 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

II. Program Year 2018 Summary

- 2018 Part II data submissions **due February 28th**
 - Submission Template II
 - Submission Template IV
 - QI Training: Certificate of Attendance, QAPI Self-Assessment
- Payment to be sent in April 2019
- Evaluation summary to be shared

III. Program Structure

Eligibility Requirements

- Contracted with PHC through December 31, 2019
- Good standing with state and federal regulators

III. Program Structure

Timeline: Measurement Year 2019

January 1 – December 31, 2019

2019

August 30

Submission Deadline

2020

February 28

Final Submission Deadline

April 30

Payment Distribution

III. Program Structure

Payment Methodology

- Separate and distinct from usual reimbursement
- 2% of average annual payment
- Compete independently of other facilities
- Determined by PHC member volume and performance on quality measures

III. Program Structure

Payment Methodology: Example

A	B	C	D	E	F
	Number of PHC Custodial Members (assume the same number for all 365 days)	Annual Payment (\$224 per custodial member per day on average)	Potential Earning Pool (Annual payment*2%)	QIP Score (out of 100)	QIP Dollars Earned
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

IV. Measurement Set 2019

- Developed in collaboration with long-term care facility and industry representatives
- Approved by PHC's Physician Advisory Committee
- Simple, yet comprehensive
- Data reporting burden is light
- Measures add up to 100 points
- 11 measures, in 4 domains
- Gateway Measure

IV. Measurement Set 2019

Gateway Measure

Facilities must have a minimum of two stars from the CMS Five-Star Quality Rating in order to be eligible for points from all other measures. A rating of one star will make facilities ineligible for incentives, though they are invited to participate in other program elements.



IV. Measurement Set 2019

CLINICAL

% of high-risk residents with pressure ulcers (10 pts)

% of residents who lose too much weight (10 pts)

% of residents who needed and got a flu shot (5 pts)

% of residents who got a vaccine to prevent pneumonia (5 pts)

FUNCTIONAL STATUS

% of residents experiencing one or more falls with major injury (10 pts)

% of residents who have/had a catheter inserted and left in their bladder (10 pts)

RESOURCE USE

Hospital Admissions/1000 resident days (10 pts)

OPERATIONS/SATISFACTION

Health Inspection Rating (10 pts)

Staffing Rating (10 pts)

Implementation plan for INTERACT 4 or QAPI program (10 pts)

QI Training & QAPI Self-Assessment (10 pts)

Clinical Domain

Measure	Submission Required	Submission Due Date	Threshold*
% of high-risk residents with pressure ulcers	No; based on Nursing Home Compare data extracted February 2020	N/A	≤5.6%
% of residents who lose too much weight			≤7.0%
% of residents who needed and got a flu shot			≥95.1%
% of residents receiving pneumonia vaccine			≥94.0%

* All clinical and functional measure thresholds come from Nursing Home Compare, which compares all Medicare- and Medicaid certified nursing homes in the country.

Functional Status

Measure	Submission Required	Submission Due Date	Threshold*
% of residents experiencing one or more falls with major injury	No; based on Nursing Home Compare data extracted February 2020	N/A	≤3.4%
% of residents who have/had a catheter inserted and left in their bladder			≤1.8%

* All clinical and functional measure thresholds come from Nursing Home Compare, which compares all Medicare- and Medicaid certified nursing homes in the country.

Resource Use

Measure	Submission Required	Submission Due Date	Threshold [#]
Hospital Admissions/1000 resident days	No; based on Nursing Home Compare data extracted February 2020	N/A	1.72

[#] Threshold to be developed by Partnership HealthPlan and shared with participating sites

Operations/Satisfaction

Measure	Submission Required	Submission Due Date	Threshold
Health Inspection Rating	No; based on Nursing Home Compare data extracted February 2020	N/A	CMS Stars rating with 4 and above for full credit, 3 for half credit
Star Rating			
Implementation Plan	Yes; reporting semi-annually	8/30/19: Submission Template I 2/28/20: Submission Template II	None, pay for reporting
QI Training & QAPI Self-Assessment	Yes, reported annually	2/28/20: Certificate of Attendance, QAPI Self-Assessment	None, pay for reporting

Partnering for Quality Improvement in Long-Term Care

- **Presented by:**
- 27 February 2019
Monnette Geronimo, Business
Development Manager

Your Speaker



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Monnette Geronimo is Business Development Manager for the Nursing Care Center Services of The Joint Commission.

Monnette assists and guides organizations as they evaluate and move forward toward achieving Joint Commission Nursing Care Center accreditation. She advises nursing care center leadership on where Joint Commission accreditation and the Joint Commission enterprise can deliver significant value for the organization given their unique business models and objectives.

The Joint Commission

- Independent, not-for-profit mission-driven organization
- The leader in standards development promoting quality and safety in health care organizations for more than 60 years
- Currently the nation's largest and only full continuum accreditor; with more than 20,000 accredited health care organizations: hospitals, ambulatory care settings, long-term care/skilled nursing facilities, home health, specialty pharmacies, behavioral health care settings, laboratories, DMEs
- Currently accredits more than 800 long-term care/skilled nursing facilities nationwide
- Leading health care organizations toward high reliability and ZERO patient harm





THE JOINT COMMISSION

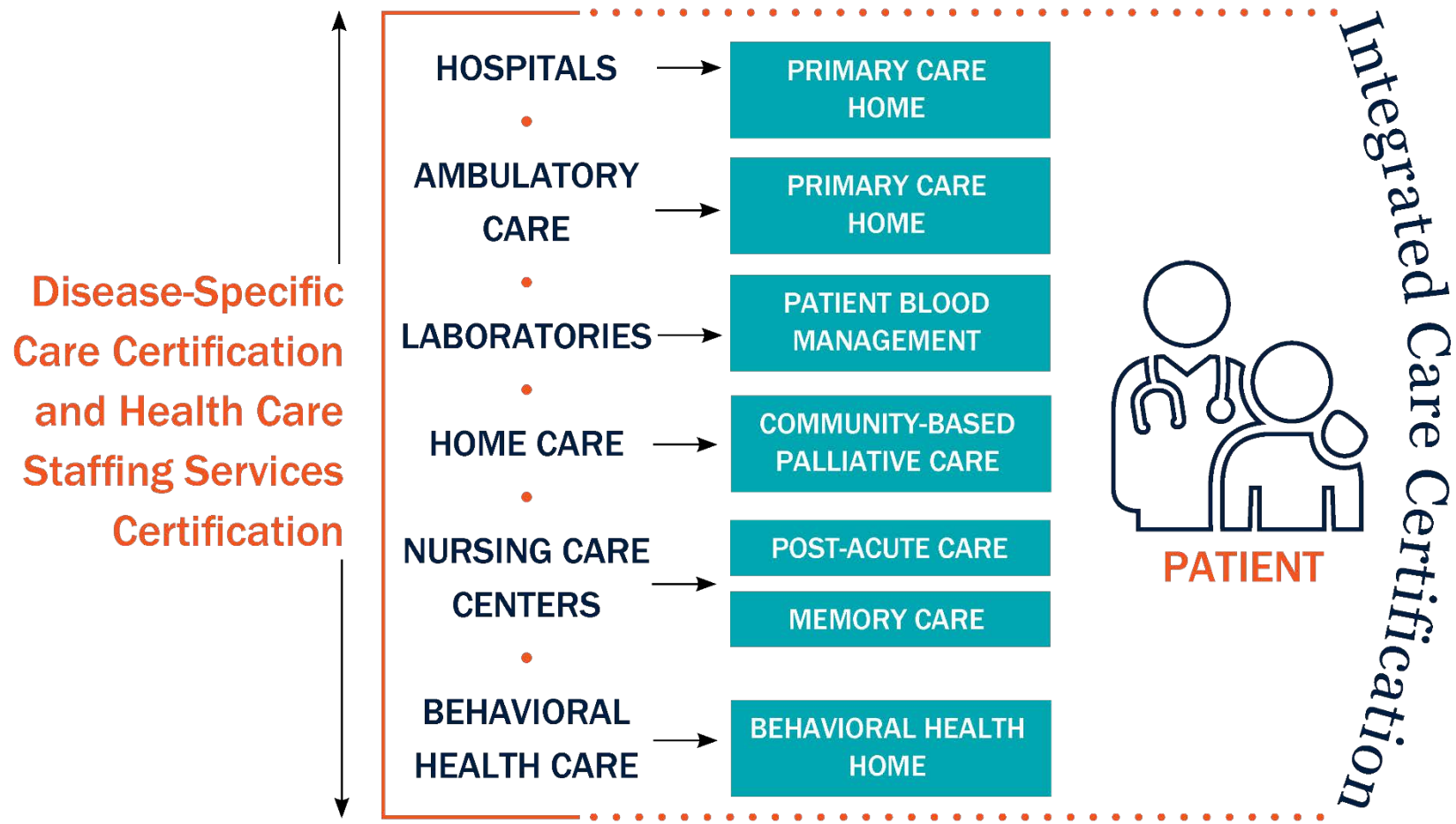
MISSION

- To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value

VISION

All people always experience the safest, highest quality, best-value health care across all settings

- **Unique Scope Of Operations**
- *Comprehensive Accreditation / Certification Services*



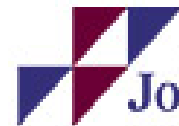
- **Four Entities – One Vision**



The Joint Commission



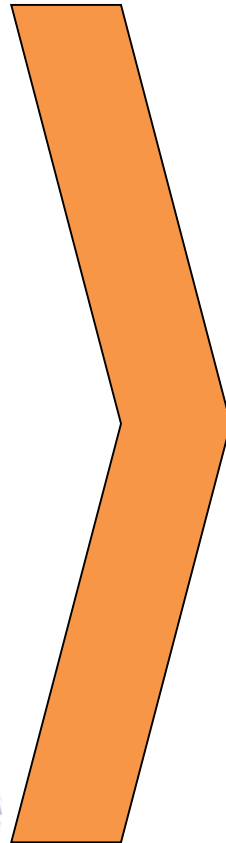
**Joint Commission
International**



**Joint Commission
Resources**



**Joint Commission Center
for Transforming Healthcare**



**All people always
experience the
SAFEST,
HIGHEST QUALITY,
BEST-VALUE
health care across all
settings.**

The Joint Commission Accreditation

...what it is and what it is not

- A framework for quality improvement
- Not an enforcement agency
- Different and separate from the work of public regulators
- Voluntary process
- Framework for patient- and resident-centered care/safety
- Does not have authority to require closure or discontinuation of service when problems are identified

Why Be Accredited?

Foundation for High Quality and Safety

- Joint Commission's framework for quality and safety focuses on what organizations can do—put a process in place that are hinged upon evidence-based standards, to achieve high quality care outcomes

STANDARDS

- ✓ Developed from input from health care professionals, providers, subject matter experts, consumers, government agencies and employers
 - ✓ Informed by scientific literature, expert consensus
 - ✓ New standards are added only if they directly relate to: patient safety, quality of care, have a positive impact on health outcomes, meet or surpass law and regulation and can be accurately and readily measured
-
- Accreditation presents a “how” to better quality of care and safety—teaches organizations key processes:
 - ✓ Evidence Based Practice (EBP)
 - ✓ Root Cause Analysis (RCA)
 - ✓ Quality Assurance and Process Improvement (QAPI)

Joint Commission Standards

Environment of Care	<i>Fosters a safe, functional and effective environment for patients, staff, and other individuals in the organization</i>
Emergency Management	<i>Effective disaster preparedness.</i>
Human Resources	<i>Processes for staff and staff management.</i>
Information Management	<i>How the provider obtains, manages, and uses information to provide, coordinate, and integrate services</i>
Leadership	<i>Reviews structure and relationships of leaderships, the maintenance of a culture of safety, quality and operational performance</i>
Life Safety	<i>Covers requirements for ongoing maintenance of building safety requirements during and after construction</i>
Medication Management	<i>Addresses the stages of medication use, including: selection, storage, and safe management of medications, ordering, dispensing and monitoring of effect and evaluation of the process.</i>
National Patient Safety Goals	<i>Specific actions health care organizations are expected to take in order to prevent medical errors</i>
Provision of Care	<i>Covers four basic areas: planning care, implementing care, special conditions, and discharge or transfer.</i>
Performance Improvement	<i>Focuses on using data to monitor performance, compiling, and analyzing data to identify improvement opportunities</i>
Record of Care	<i>Covers the planning function (components of clinical records, authentication, timeliness, record retention) and documentation of items in patient records.</i>
Rights of Individual	<i>Informed consent, receiving information, participating in decision making, and services provided to respect patient rights.</i>
Waived Testing	<i>For CLIA-approved laboratory testing, covers: policies, identifying staff responsible for performing and supervising waived testing, competency, quality control and record keeping.</i>

Accreditation Can Help Address Your Most Difficult Care Issues

Abuse/Neglect Prevention

LD 03.06.01
PC 01.02.09
RI 01.06.03

Pain Management

HR 01.04.01
PC 01.02.01
PC 01.02.03
PC 01.02.07
PC 02.03.01
RI 01.01.01

Restraint Reduction

PC 03.02.09
PC 03.02.13
RI 01.01.01
RI 01.03.01
RI 01.06.01

Behavior Management

HR 01.04.01
MM 01.01.05
MM 07.01.01
PC 01.02.01
PC 01.02.03
PI 01.01.01
RC 02.01.13

Pressure Ulcer Prevention

NPSG 14.01.01
PC 01.03.01
PC 02.01.05
PC 02.01.13
PC 02.01.15

Weight Loss Prevention

PC 01.02.01
PC 02.01.15
PC 02.02.03
PC 02.03.01
RC 02.01.11

Fall Management

EC 02.06.01
EC 02.06.03
LD 03.04.01
LD 04.04.05
NPSG09.02.01
PC 01.02.03
PC 02.03.01

Promoting Patient Centered Care

HR 01.05.03
HR 01.07.01
LD 03.01.02
PC.01.02.01
PC.01.03.01

Safety Culture

APR 09.02.01
HR 01.04.01
LD 03.01.01
LD 03.02.01
LD 03.03.01
LD 03.04.01
LD 03.05.01
LD 03.06.01
LD 04.04.05

Joint Commission Surveyors

- Full-time, part-time and intermittent employees of Joint Commission
- Masters prepared
- Extensive training, education and orientation program prior to field survey experience
- Within 2 years of employment complete Joint Commission Robust Process Improvement training
- Collaborative, consultative and share best practices
- Nationwide exposure, surveys on the average 30 nursing homes a year

Nursing Care Center Accreditation:

Our program for long-term care

Nursing Care Center Accreditation

Provides a solid and comprehensive set of quality and safety standards for performance excellence by a skilled nursing/long-term care provider; takes into account federal regulations but also goes above and beyond these

Nursing Care Center
Accreditation

+

+

+

Optional Specialty Certifications

Accredited organizations may elect optional certifications for their specialized care programs/services:

Post-Acute Care
Certification

Memory Care
Certification

Disease Specific
Certification

NCC Accreditation Process incorporates:

- Regular review of current care and organizational processes by the skilled nursing facility against established Joint Commission standards to proactively identify and mitigate risks, strengthen care processes and ensure safety of residents and staff
- Assessment of policies and procedures to reflect highest standard and best practices in key areas
- Engagement of staff across all levels and areas of the organization as standards cover the healthcare organization as a whole and not just its clinical operations
- Expert onsite Joint Commission surveyor evaluation every 3 years to recommend solutions, provide additional education and coaching for continuous quality improvement and safety
- Intra-cycle monitoring tools and resources to help organization sustain improvements and standards compliance in-between onsite evaluations

How can Joint Commission NCC
Accreditation position your
organization well for the goals
of the LTC QIP?

Published Research On Quality Performance of Joint Commission Nursing Care Center Accredited Organizations



JAMDA

journal homepage: www.jamda.com



Original Study

Comparing Public Quality Ratings for Accredited and Nonaccredited Nursing Homes



Scott C. Williams PsyD*, David J. Morton PhD, Barbara I. Braun PhD,
Beth Ann Longo RN, MBA, MSN, David W. Baker MD, MPH

The Joint Commission, One Renaissance Blvd, Oakbrook Terrace, IL

2016 JAMDA Study Results

Accredited long-term care organizations perform better on each of the components that comprise the CMS' 5-Star Quality Rating. Post-Acute Care certified providers perform significantly better on the Overall Star Rating.



Commission

Accountability Higher:

Long-Stay Measures

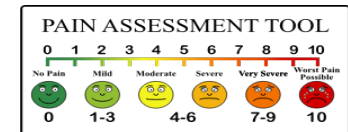
Need Less help with late-loss ADL



Less likely to experience falls resulting in a major injury



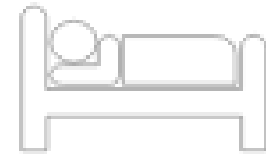
Less likely to experience moderate to severe pain
(long and short-stay measures)



Less likely to be prescribed antipsychotic medications
(long and short-stay measures)



Less Likely to acquire new or worsened pressure ulcers



Less Likely to be given the pneumococcal vaccination



Less Likely to be given the influenza vaccination

5/5

Short-Stay Measures

The Accreditation Advantage:

- Standards establish expectation for improvement that can be used to drive changes in behavior
- Collaborative and education-focused Joint Commission expert surveyors deployed nationwide provide a perspective that is otherwise absent from a skilled nursing facility that may be operating without the benefit of comparison or benchmarks
- The accreditation process which includes the preparation, the actual survey event and post-survey activities and

“Their approach was a truly different experience for staff used to state surveys. It was refreshing because it was more of a learning experience than punitive.”

allows
ed

- 2017 Customer Satisfaction Survey respondent -

2016 JAMDA Study Results

Accredited Long-Term Care Providers had fewer and less severe deficiencies

Scope		
Isolated	Pattern	Widespread
J	K	L
G	H	I
D	E	F
A	B	C

Accredited Long-Term Care Providers paid lower fines than non-accredited organizations



2016 JAMDA Study Results' Alignment with

Measure	Points	JAMDA Study
Gateway Measure		
CMS Five-Star Quality Rating	N/A	✓
Clinical Domain		
1. Percent of high-risk residents with pressure ulcers	10	✓
2. Percent of residents who lose too much weight	10	
3. Percent of long-stay residents who needed and got a flu shot	5	✓
4. Percent of long-stay residents who got a vaccine to prevent pneumonia	5	✓
Functional Status		
5. Percent of residents experiencing one or more falls with major injury	10	✓
6. Percent of residents who have/had a catheter inserted and left in their bladder	10	
Resource Use		
7. Hospital Admissions	10	
Operations/Satisfaction		
8. Health Inspection Rating	10	✓
9. Staffing Rating	10	✓
10. Implementation Plan for QAPI	10	Per NCC Accreditation Process/Program elements
11. QI Training and QAPI Self-Assessment	10	Per NCC Accreditation Process/Program elements

How can Joint Commission Nursing
Care Center Accreditation Program
support the requirements and intent
of Measure 10: Quality Improvement
and Implementation Plan?

QAPI Elements :

Joint Commission Accreditation

- https://www.jointcommission.org/assets/1/6/Crosswalk_TJC_QAPI_ncc.pdf
- Initial accreditation and re-accreditation process opens many avenues for an organization to identify areas for improvement
- Perform a gap analysis by completing the prompts for assessing standards compliance found at the end of each accreditation chapter of Edition or the paper manual to identify areas for improvement
- Use accreditation report to identify projects (see SAFER matrix on slide 23) to tackle identified areas for improvement
- Leverage Joint Commission complimentary tools and resources from the public website and customer portals, for mapping out performance improvement plan and projects
- Use standards and elements of performance found in Edition or the paper manual as reference and guide in determining your goal /process/solution for a specific improvement area
- Consider Center for Transforming Healthcare's Targeted Solutions Tools - an online application tool that guides health care organizations through a step-by-step process to accurately measure their true performance level, identify the causes of performance failures, and direct them to proven solutions that are customized to address their particular causes. TST modules are now available for improving hand hygiene, hand-off communications and falls. TST are complimentary to accredited organizations.

Accreditation Survey Report

SAFER Matrix

		<i>Immediate Threat to Life</i>		
Likelihood to Harm a Patient/Visitor/Staff	HIGH	MM.03.01.01, EP8	MM.03.01.01, EP7	
	MODERATE	MS.01.01.01, EP5 PC.01.02.01, EP4 PC.01.02.03, EP6 PC.01.03.01, EP1 PC.01.03.01, EP5	IM.02.02.01, EP3 MS.08.01.01, EP1 MS.08.01.03, EP3	IC.02.01.01, EP2 IC.02.02.01, EP4
	LOW	RC.01.01.01, EP19 RC.02.03.07, EP4		
		LIMITED	PATTERN	WIDESPREAD

Infection Prevention and Control

Infection Prevention and Control ▼

Prompts to Assess Your Compliance

Please note: *Tips do not represent new accreditation requirements. They are intended to provide helpful strategies for standards compliance.*

Are surveillance data being collected, aggregated, and analyzed at the frequency defined by organization policy?

TIP: Review some charts of patients with infections. Was the data collection process implemented as designed?

What is your goal for influenza vaccination?

Was the goal achieved?

Has a new incremental goal been established annually?

At least annually, do you evaluate the reasons given by staff and licensed independent practitioners for declining the influenza vaccination?

Is the infection control program evaluated and revised annually?

TIP: Is the infection control program providing a fair return on your investment? If not, identify how the program can be modified to make it valuable for your organization's specific needs.

Is there a process for informing visitors, patients, residents, and families of hand and respiratory hygiene practices?

What is the process for responding to an increased number of potentially infectious patients or residents? Is the process current?

TIP: Consider incorporating an influx of infectious patient or residents in your next Emergency Operations Plan test.

Infection Prevention and Control ▼

Is the process for disinfecting equipment being implemented consistently?

TIP: Consider tracing the storage, use, and cleaning of an individual piece of equipment, similar to tracing a patient or resident, to determine potential cleaning and disinfecting gaps.

LTC QIP Submission Template I:

Implementation Plan Part I

- 1) Background: Describe the problem you are trying to assess
Example: Establish organization's influenza vaccination process for LIP and staff
- 2) Goals/Objectives: What is your Measurable goal? Include baseline data
Example: Establish goals consistent with the 90% established in the national initiatives for 2020 – Edition/NCC Accreditation Manuals will include references and resources around this
- 3) What is the strategies/tools you will use to make improvements?
Example: EP#3 Influenza vaccination is offered at sites and times accessible to LIP and staff
- 4) Timeline/Staff: Describe your project timeline and team
-

Action Planning Tool

Use this form to track noncompliant elements of performance (EPs) and your action steps for bringing them into compliance.

Standard and EP	Observation/Issue	Action Step	Individual Responsible

Just the Basics – Nursing Care Center
Accreditation

How can Joint Commission Nursing
Care Center Accreditation Program
support the requirements and intent
of Measure 11: Quality Improvement
Training and QAPI Self Assessment?

Measure 11: Quality Improvement Training

Date	Event Details	Registration/ Cost
Varies	<p>The Joint Commission</p> <p>A variety of <u>complimentary webinars</u> available through the Joint Commission Nursing Care Center Services. These webinars highlight Joint Commission Nursing Care Center Accreditation as a framework for quality assurance and continuous performance improvement. Also featured are webinar topics on Emergency Management, Infection Prevention Control and Addressing Common Quality Issues and Challenges in Nursing Homes.</p>	<p>2019 Webinar Offering: See “Upcoming Event” section to the right of webpage or “Action Center” at the bottom of webpage:</p> <p>https://www.jointcommission.org/accreditation/long_term_care.aspx</p> <p>2018 Webinar Replays:</p> <p>https://pages.jointcommission.org/NC_C2018.html?_ga=2.254528011.2025061532.1551111286-1820896477.1536702227</p>
Varies	<p>Joint Commission Resources</p> <p>A variety of <u>fee-based education programming</u> on quality and process improvement topics offered through Joint Commission Resources, a Joint Commission affiliate organization. Narrow your search or view Course descriptions to view all educational offering or topics that’s applicable to the Nursing Care Center/Long-Term Care type setting.</p>	<p>https://www.jcrinc.com/store/learning-events/</p>

Measure 11: QAPI Accreditation

Chapter

Performance Improvement

Prompts to Assess Your Compliance

Please note: *Tips do not represent new accreditation requirements. They are intended to provide helpful strategies for standards compliance.*

Have data been collected for the prescribed elements as well as the performance improvement (PI) priorities identified by leadership?

Have data been collected at the intervals defined by leadership?

Have the data been aggregated and analyzed at the defined intervals and compared over time?

How are PI data used to identify performance improvement opportunities and plans of action?

When undesirable patterns or trends were identified, was adequate staffing considered as a contributing cause?

Is the PI program achieving the organization's goals based on the mission?

Comprehensive Accreditation Manual for Nursing Care Centers

Is the PI program agile enough to address relevant issues?

TIP: Design a consistent agenda, used by the performance improvement or safety committee, that regularly evaluates all of the issues noted in the prompts.

Special Offer for Partnership HP of CA LTC QIP Providers:

- ✓ 90-day complimentary access to Edition, the electronic version of the Comprehensive Accreditation Manual for Nursing Care Center Accreditation. To request, see step 3 of this link:
 - https://www.jointcommission.org/accreditation/long_term_care.aspx
- ✓ Purchase the Comprehensive Accreditation Manual for Nursing Care Centers at 15% discount using a promotion code: **PHPC18**. To purchase:
 - <https://www.jcrinc.com/2019-comprehensive-accreditation-manuals/>

Taking it Further – Become Joint Commission Accredited!

- 1) Learn more about working with us by calling 630-792-5020 - Nursing Care Center Services Team.
- 2) Preview accreditation requirements using Edition or the paper manual.
 - 3) Assess your readiness.
 - 4) Apply for accreditation.
 - 5) Access applicant resources and prepare for your first onsite survey.
 - 6) Address any identified gap areas.
 - 7) Participate in your first Joint Commission survey.
 - 8) Complete any post-survey activities.
 - 9) Celebrate and publicize your accomplishment.
 - 10) Take advantage of many resources for maintaining accreditation standing and survey readiness.

Your Questions!



Nursing Care Center Accreditation Services Business Development Team – Contact Us!



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THANK YOU!

V. Next Steps

- ✓ Bookmark PHC's [LTC QIP webpage](#)
- ✓ Check back for QI training dates
- ✓ Mark your calendar for submission deadlines
- ✓ 2018 Sites: Data due 2/28! **TOMORROW!**

Questions?

If you have a question or would like to share your comments, please

- Type your question in the “question” box, or
- Click the “raise your hand” icon



1. Pressure Ulcers

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

Denominator: All long-stay residents with a selected target assessment who meet the definition of high risk:

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

Numerator: Stage II-IV pressure ulcers are present

Reporting: No reporting by facility to PHC is required. PHC will extract summary data on Nursing Home Compare in February 2020

2. Weight Loss

Measures the percentage of long-stay residents who had significant weight loss

Denominator: Long-stay nursing home residents with a selected target assessment

Numerator: Those in the denominator 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

Reporting: No reporting by facility to PHC is required. PHC will extract summary data on Nursing Home Compare in February 2020

5. Falls with Major Injury

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

Denominator: All long-stay nursing home residents with a one or more look-back scan assessments

Numerator: Those in the denominator whose assessments indicate one or more falls that resulted in major injury

Reporting: No reporting by facility to PHC is required. PHC will extract summary data on Nursing Home Compare in February 2020

6. Catheter Inserted and Left in Bladder

Measures the percentage of long-stay residents who have had an indwelling catheter in the last 7 days

Denominator: All long-stay residents with a selected target assessment

Numerator: Those in the denominator whose assessment indicates the use of indwelling catheters

Reporting: No reporting by facility to PHC is required. PHC will extract summary data on Nursing Home Compare in February 2020

7. Inpatient Admissions

Measures the rate of long-stay residents who had one or more inpatient hospital admission during the review period

Denominator: Total number of days (in thousands) that all long-stay residents were in the facility after they attained long-term resident status

Numerator: 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.

Reporting: No reporting by facility to PHC is required. PHC will extract summary data on Nursing Home Compare in February 2020

8. Health Inspection Rating

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

Full Points: Health Inspection rating of 4 or above

Partial Points: Health Inspection rating of 3

Reporting: No reporting by facility to PHC is required. PHC will extract summary data on Nursing Home Compare in February 2020

9. Staffing Rating

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

Full Points: Health Inspection rating of 4 or above

Partial Points: Health Inspection rating of 3

Reporting: No reporting by facility to PHC is required. PHC will extract summary data on Nursing Home Compare in February 2020

10. Implementation Plan

Measures the progress toward implementing INTERACT 4.0 or Quality Assurance Performance Improvement

Submit a two-part implementation plan:

Part I (Submission Template I)

- Draft implementation plan including background, goals, rationale, and timeline
- Identify steps to achieve these milestones

Part II (Submission Template II)

- Report progress on implementation plan and milestones in Part I

Reporting: Semi-annual self-reporting

Implementation Plan Part I – due August 30, 2019

Implementation Plan Part II – due February 28, 2020

11. QI Training & QAPI Self-Assessment

Measures attendance of training focusing on Quality Improvement methodologies

Facilities sending two or more staff members to attend PHC-approved training will earn points for submitting the following:

- Proof of attendance such as registration confirmation
- Completed QAPI Self-Assessment

Training content and requirements are to be finalized. Schedule of trainings will be announced in the measurement year

Reporting: measure elements to be submitted by February 28, 2020