



Instructions for Measurement of Selected Quality Improvement Variables

Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL)

Introduction

Measuring selected quality improvement variables will help your community spot trends, compare yourself to your peers and give positive feedback to staff in response to improving areas and to know where to address resources.

Instruction

This form provides a mechanism for entering, saving and submitting your QI Variable information. Sections A-D of the QI variable form can be used throughout the reporting period as a tracking tool and data can be entered and saved for your use at any time. Once all of your information is accurate and up-to-date, you can submit the form during the 2 week submission period simply by clicking the “submit” button (the submit button is only active during the 2 week submission period). As you prepare for data submission please be mindful of questions which ask for total numbers specific to the **last day of the reporting period**.

Caution – information cannot be resubmitted after you click the “submit” button. If you have a problem please contact the helpdesk.

Definitions

Section A

1. Occupancy

This is the number of current assisted living residents to whom you are providing care and services on the last day of the reporting period. This includes residents who are temporarily out of the ALC, such as residents who are currently in the hospital or with family.

2. Public Pay

Sources of public funding for care and services in assisted living facilities include:

- [Family Care](#)
- [Partnership](#)
- [Legacy waivers \(COP, COP-W, CIP\)](#)
- [IRIS](#)
- [PACE](#)

3. Intended Client Group

This is the client group that is typically the group that you serve and that you are marketing to.

- **Advanced Age:** With functional impairments that commonly accompany advanced age.
- **Developmentally Disabled:** Who have a developmental disability as given in s. 51.01 (5), Stats.
- **Alcohol/Drug Dependent:** Who are alcoholic as given in s. 51.01 (1), Stats., or who are drug dependent as defined in s. 51.01 (8), Stats.
- **Physically Disabled:** With physical disabilities.
- **Terminally Ill:** Diagnosed as terminally ill.
- **Irreversible Dementia/Alzheimer's:** With irreversible dementia, such as Alzheimer's disease.
- **Correctional Clients:** Under the legal custody of a government correctional agency or under the legal jurisdiction of a criminal court.
- **Emotionally Disturbed/Mental Illness:** Who are emotionally disturbed or who have a mental illness as given in s. 51.01 (13) (a)
- **Veterans Administration**
- **Traumatic Brain Injury:** With traumatic brain injury.
- **Pregnant Women/Counseling:** Who are pregnant and in need of counseling services.

4. Primary population

- **Advanced Age:** With functional impairments that commonly accompany advanced age.
- **Developmentally Disabled:** Who have a developmental disability as given in s. 51.01 (5), Stats.
- **Alcohol/Drug Dependent:** Who are alcoholic as given in s. 51.01 (1), Stats., or who are drug dependent as defined in s. 51.01 (8), Stats.
- **Physically Disabled:** With physical disabilities.
- **Terminally Ill:** Diagnosed as terminally ill.
- **Irreversible Dementia/Alzheimer's:** With irreversible dementia, such as Alzheimer's disease.
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- **Traumatic Brain Injury:** With traumatic brain injury.
- **Pregnant Women/Counseling:** Who are pregnant and in need of counseling services.

5. Secondary population

This could be blank and your community would only list one primary population.

- **Advanced Age:** With functional impairments that commonly accompany advanced age.
- **Developmentally Disabled:** Who have a developmental disability as given in s. 51.01 (5), Stats.
- **Alcohol/Drug Dependent:** Who are alcoholic as given in s. 51.01 (1), Stats., or who are drug dependent as defined in s. 51.01 (8), Stats.
- **Physically Disabled:** With physical disabilities.
- **Terminally Ill:** Diagnosed as terminally ill.
- **Irreversible Dementia/Alzheimer's:** With irreversible dementia, such as Alzheimer's disease.
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6. Overall Staff

This is the total number of personnel that are in the category “employee” in relation to this ALC. It should be a positive whole number. “*Employee*” as defined under DHs 83.02 (22) means any person who works for an ALC or for an entity that is affiliated with the ALC or that is under contract to the ALC, who is under direct control of the ALC or corporation affiliated with the ALC and who receives compensation subject to state and federal employee withholding taxes.

For example, if this ALC has three employees one of whom is a full time employee (based on a 40 hour work week), one works half time, and one works fifteen hours per week, then enter 3 for this item.

7. Direct Caregiver Staff

The licensee and all employees who have one or more of the following responsibilities for residents: supervising a resident’s activities or whereabouts, managing or administering a resident’s medications, providing personal care or treatments for a resident, planning or conducting training or activity programming for a resident. Direct caregiver staff does not include volunteers and employees who work exclusively in the food service, maintenance, laundry service, housekeeping, transportation, or security or clerical areas, and employees that do not work on the premises of the assisted living community.

For example, if this ALC has three employees one of whom is a full time employee (based on a 40 hour work week), one works half time, and one works fifteen hours per week, then enter 3 for the first part of this item and 1.87 for the second item. The second item, FTE, is calculated by dividing the number of

employee hours per week by 40, so $40/40 + 20/40 + 15/40 = 1.87$.

8. Network/Corporate Staff

Examples might include quality assurance staff, RNs, pharmacists, trainers, and infection control staff.

9. **RN Access – a)** This answer should be “yes” if one of the staff members counted above as “employee” is a registered nurse, or “no” if none of the employees counted above are registered nurses.

b) If the answer is “no”, please indicate if the ALC has any kind of access to nursing care from a registered nurse, and briefly explain how.

10. **Staff Retention** – This is the percentage of employees that have worked in your community for more than 1 year. "Employee" means any person who works for a community and who receives compensation subject to state and federal employee withholding taxes. You do not differentiate between part-time and full time employee. You take the number of employees you have today that have been working at your community for at least 1 year and divide by the number of employees who were employed with your community 1 year ago today. Then multiply by 100 for staff retention percent. Example: Today a CBRF has 17 employees who have worked for the CBRF for 1 year or more. One year ago today the CBRF had 62 employees. $(17/62) \times 100 = 27\%$ retention rate.

Section B

1. QI Activities

The purpose of this section is to describe what structures (organizational, technological, policies and procedures, etc.) the ALC has in place that are dedicated to systematically improving the quality of service and care in the facility. We are interested in defining Quality Improvement (QI) as broadly as possible, at this stage of the project. Activities such as QI Committees, Process Improvement Committees, Quality Improvement staff positions, memberships in QI organizations, participation and/or attendance at QI related conferences and professional meetings, etc. are all of interest to our reporting system. We also are interested in specific QI projects or initiatives in which your community has engaged. We encourage participating communities to describe these activities using whatever terminology your community uses in planning and implementing these initiatives. Please be as specific and detailed as possible, explaining what structures your ALC has put in place to improve quality. (200 word limit)

2. Infection Control

An infection control program based on current standards of practice to prevent the development and transmission of communicable disease and infection. If yes, please describe it in 100 words or less.

3. **Staff Immunization** Participating communities will report the number of staff immunizations for influenza during the last calendar year (2012).

Section C

1. **Input Process**

Mechanisms to receive information from residents and families include any tool or procedure used by communities to receive and document information sent to them by residents or families. This includes information that is solicited by the community or communication initiated by residents or families and sent to the community (such as complaints, suggestions, pertinent information about resident condition, etc.) Examples might include:

- Completed forms filled out by the resident or family
- Phone lines, email addresses, or mailing addresses
- Reception or information desk
- Resident relations office or department or manager

2. **Improving Satisfaction** – This refers to any processes the ALC uses to systematically improve resident satisfaction based on resident feedback including surveys, complaints, suggestions, and other, as well as observations from staff and family members. What processes does the facility use to not only obtain and analyze that feedback, but more importantly to address the needs, problems, and opportunities for improvement that it raises.

3. **Person-Directed Care**

Person-Directed Care is an ongoing, interactive process between residents, caregivers and other stakeholders that support an individual's privacy, choice, dignity, respect, individuality, and independence in directing their daily life.

4. **Resident Group Input** – This refers to the residents having the opportunity to be involved in some form of group discussion and feedback mechanism such as a resident council or house meeting.

5. **Communication** – In addition to obtaining information from residents and families, the ALC needs to communicate information to residents and families. Please briefly explain all the ways in which the ALC does that.

Section D

1. **Falls with injury**

Fall: An event which results in a person coming to rest on the ground or other lower level precipitated by a misstep such as a slip, trip, or stumble; or as a consequence of loss of consciousness or complication from a medical condition;

loss of grip or balance; from jumping; or from being pushed, bumped, or moved by another person, animal or inanimate object or force.

Fall with injury: A fall with injury is defined here as a fall that results in an injury requiring medical treatment such as

- a wound,
- a fracture,
- a head injury such as a concussion or hematoma,
- a serious sprain or ligament damage causing decreased mobility or function, or
- other damage to the body.

2. Infections

a) Norovirus

Norovirus gastroenteritis (both criteria 1 and 2 must be present):

1. At least 1 of the following GI subcriteria
 - a. Diarrhea: 3 or more liquid or watery stools above what is normal for the resident within a 24-h period
 - b. Vomiting: 2 or more episodes of vomiting in a 24-h period
2. A positive stool specimen or diagnosis from a clinician

b) Influenza

Influenza-like illness (both criteria 1 and 2 must be present)

1. Fever
2. At least 3 of the following influenza-like illness subcriteria
 - a. Chills
 - b. New headache or eye pain
 - c. Body aches
 - d. Sore throat
 - e. New or increased dry cough

3. Hospital readmissions

For the reporting period, this is the number of residents re-hospitalized within 30 days after being discharged from an initial hospital stay. These are re-hospitalizations for any cause, and include re-hospitalizations to the discharging hospital or any other hospital. This would exclude planned re-hospitalizations (where the re-hospitalization was a planned event as part of a plan of care).