KNOW YOUR STARS
Understanding The Five Star Rating System

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SUE LAGRANGE, DIRECTOR OF EDUCATION
PATHWAY HEALTH
Objectives

• Understand sources, data, what determines a facilities rating in the 5 Star System
• Understand new February, 2015 changes to rating system related to RN staffing, new weighting for quality measures, and use of anti-psychotics medications
• Understand how unnecessary reshospitalization data was/will be integrated into 5 Star Rating system in 2015, 2016, 2017
• Identify strategies to increase compliance, better outcomes, and your 5 star rating.
Five Star Ratings
What Do the Stars Mean?

- Much Above Average
- Above Average
- Average
- Below Average
- Much Below Average

http://www.medicare.gov/NHCompare
Three Categories

1 – 5 stars assigned to each category

- Health Inspections
- Staffing
- Quality Measures
Five Star Basics

Two Primary Goals of the CMS 5 Star System

• Help consumers make meaningful distinctions among high-performing and low-performing nursing homes
• Help nursing homes identify areas for improvement
Five Star Basics

Who Actively is Looking At Your 5 Star Data?

• Existing families, staff, and residents. Can either be source of pride or a source of confusion, questions about organization

• Families, physicians, social workers, discharge planners looking to place new residents, increasingly making decisions based on 5 star ratings

• ACOs, Bundled Payment Providers, and Insurance Companies. More and more, referrals are being shuttled through these types of organizations. Routinely these organization are avoiding SNFs if they are not a 3 star or above facility

• Media: Media regularly picks up on stories abut “nursing homes” and often refer to 5 Star rating in their stories

• Lawyers: Reference low 5 star rating as “evidence” in their suits against facilities
Data gathering and review!!!

HHS - Establish SNF all-condition hospital readmission measure PRIOR to 10/1/15

HHS - Establish SNF all-condition risk-adjusted preventable hospital readmission measure. HHS - Begin providing “confidential feedback” to SNFs quarterly Now April 1st 2016!

PUBLIC REPORTING - Readmission Measure on Nursing Home Compare Site Now April 1st 2016!

Medicare reimbursement rates for SNF will be based partially on their performance scores beginning on October 1, 2018.
Download and Learn

Five-Star Components

Health Inspections Rating
• Measures based on outcomes from State health inspections
• Number, scope, and severity of deficiencies during the most recent 36 months
• Standard and substantiated complaint surveys

Staffing Rating
• Measures based on nursing home staffing levels
• RN hours PPD, RN + LPN + NA hours PPD
• Case mix adjusted

Quality Measures Rating
• Measures based on resident-level quality measures (QMs)
• Use data from the MDS
• Use a portion of the publically reported QMs

Overall Nursing Home Rating
• Composite Rating
• 5 step process
5 Steps to Overall 5 Star Rating

1. Start with the health inspection five-star rating.

2. Add one star to Step 1 if staffing rating is four or five stars and greater than the health inspection rating
   - Subtract one star if staffing is one star.
   - The overall rating cannot be more than five stars or less than one star.

3. Add one star to Step 2 if quality measure rating is five stars.
   - Subtract one star if quality measure rating is one star.
   - The overall rating cannot be more than five stars or less than one star.

4. If the health inspection rating is one star, then the overall quality rating cannot be upgraded by more than one star
   based on the staffing and quality measures.

5. If the nursing home is a Special Focus Facility (SFF) that has not graduated, the maximum overall quality rating is
   three stars.
Health Inspections Rating
Health Inspections

Last 3 Years

Health Inspections

Most Recent Survey Findings Are Weighted More Than the Prior 2 Years

Standard Surveys and Complaint Surveys

Most Recent Year = 50%
2 Years Ago = 33%
3 years Ago = 17%
What Changes A Score?

A new health inspection survey

A complaint investigation that results in one or more deficiency citations

A 2\textsuperscript{nd}, 3\textsuperscript{rd}, or 4\textsuperscript{th} revisit

Resolution of an Informal Dispute Resolution (IDR) resulting in changes to the severity and/or scope of deficiencies

The “aging” of complaint deficiencies
# Health Inspections Score

<table>
<thead>
<tr>
<th>Severity</th>
<th>Isolated Scope</th>
<th>Pattern Scope</th>
<th>Widespread Scope</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate jeopardy to resident health or safety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• * = 20 points if status of deficiency is “past noncompliance”</td>
<td>J 50 points* (75 points)</td>
<td>K 100 points* (125 points)</td>
<td>L 150 points* (175 points)</td>
</tr>
<tr>
<td>• () = Substandard Quality of Care (SQC)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actual harm that is not immediate jeopardy</td>
<td>G 20 points</td>
<td>H 35 points (40 points)</td>
<td>I 45 points (50 points)</td>
</tr>
<tr>
<td>No actual harm with potential for more than minimal harm that is not immediate jeopardy</td>
<td>D 4 points</td>
<td>E 8 points</td>
<td>F 16 points (20 points)</td>
</tr>
<tr>
<td>No actual harm with potential for minimal harm</td>
<td>A 0 points</td>
<td>B 0 points</td>
<td>C 0 points</td>
</tr>
</tbody>
</table>

**GOAL TO GET LOWEST NUMBER OF POINTS!**
Compare Within A State

- **Top 10%**: 5 Stars
- **Middle 70%**: 2, 3, or 4 Stars
  - 23.33% each
- **Bottom 20%**: 1 Star
Staffing Rating
Staffing Rating

The method of calculating 3 Star and 4 Star ratings changed as a result of the February 2015 changes announced by CMS.

The method of calculating the staffing rating will change July 2015 to the Payroll Based Journal Electronic Data Submission System.
## Calculations

<table>
<thead>
<tr>
<th>Reported Hours</th>
<th>Expected Hours</th>
<th>Adjusted Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data on Form 672 converted to FTEs</td>
<td>Sum the nursing times from the STRIVE study connected to each RUGS-III category/census</td>
<td>National Average Hours as of April 2012 Total nursing staff RNs</td>
</tr>
<tr>
<td>HRD Calculated Hours per Resident Day calculated for each discipline/census/14 days</td>
<td>RUGS-III 53 group version STRIVE = Staff Time and Resource Intensity Verification</td>
<td>Adjusted Hours = Reported Hours/Expected Hour X National Average Hours</td>
</tr>
<tr>
<td>RUG-53 Group</td>
<td>Staff Type</td>
<td>Resident Specific Time</td>
</tr>
<tr>
<td>----------------------</td>
<td>------------</td>
<td>------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Time Minutes</td>
</tr>
<tr>
<td></td>
<td>RN</td>
<td>LPN</td>
</tr>
<tr>
<td>REHAB &amp; EXTENSIVE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RUX</td>
<td>160.67</td>
<td>84.89</td>
</tr>
<tr>
<td>RUL</td>
<td>127.90</td>
<td>59.19</td>
</tr>
<tr>
<td>RVX</td>
<td>137.28</td>
<td>58.33</td>
</tr>
<tr>
<td>RVL</td>
<td>128.93</td>
<td>47.75</td>
</tr>
<tr>
<td>RHX</td>
<td>130.42</td>
<td>48.69</td>
</tr>
<tr>
<td>RHL</td>
<td>117.25</td>
<td>69.00</td>
</tr>
<tr>
<td>RMX</td>
<td>163.88</td>
<td>91.36</td>
</tr>
<tr>
<td>RML</td>
<td>166.61</td>
<td>62.68</td>
</tr>
<tr>
<td>RLX</td>
<td>118.87</td>
<td>55.13</td>
</tr>
<tr>
<td>REHABILITATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REHAB ULTRA HIGH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RUC</td>
<td>100.75</td>
<td>46.03</td>
</tr>
<tr>
<td>RUB</td>
<td>84.12</td>
<td>34.94</td>
</tr>
<tr>
<td>RUA</td>
<td>64.98</td>
<td>39.49</td>
</tr>
</tbody>
</table>
3 Different Sets of Hours

Reported Hours

- Data on Forms 671 & 672 converted to FTEs
- HRD Calculated
  Hours per Resident Day calculated for each discipline/census/14 days
3 Different Sets of Hours

Expected Hours

Sum the nursing times from the STRIVE study connected to each RUGS-III category/census

RUGS-III

53 group version

STRIVE = Staff Time and Resource Intensity Verification
Staffing

There is considerable evidence of a relationship between nursing home staffing levels and resident outcomes.

The CMS Staffing Study found a clear association between nurse staffing ratios and nursing home quality of care, identifying specific rations of staff to residents below which residents are substantially higher risk of quality problems.

### Staffing Cut Points and Rating 2015

<table>
<thead>
<tr>
<th>RN Rating</th>
<th>RN Hours</th>
<th>Total Nursing Rating &amp; Hours</th>
<th>Total Nursing Rating &amp; Hours</th>
<th>Total Nursing Rating &amp; Hours</th>
<th>Total Nursing Rating &amp; Hours</th>
<th>Total Nursing Rating &amp; Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>1</td>
<td>&lt;0.283</td>
<td>1 star</td>
<td>1 star</td>
<td>2 stars</td>
<td>2 stars</td>
<td>3 stars</td>
</tr>
<tr>
<td>2</td>
<td>0.283 – 0.378</td>
<td>1 star</td>
<td>2 stars</td>
<td>3 stars</td>
<td>3 stars</td>
<td>3 stars</td>
</tr>
<tr>
<td>3</td>
<td>0.379 – 0.512</td>
<td>2 stars</td>
<td>3 stars</td>
<td>3 stars</td>
<td>3 stars</td>
<td>4 stars</td>
</tr>
<tr>
<td>4</td>
<td>0.513 – 0.709</td>
<td>2 stars</td>
<td>3 stars</td>
<td>4 stars</td>
<td>4 stars</td>
<td>4 stars</td>
</tr>
<tr>
<td>5</td>
<td>&gt;/= 0.710</td>
<td>3 stars</td>
<td>3 stars</td>
<td>4 stars</td>
<td>4 stars</td>
<td>5 stars</td>
</tr>
</tbody>
</table>

**Staffing levels must be at 4 Star level for RNS and 4 Star level for Total Nursing Staff to positively impact over-all facility star rating.**
### QM Cut Points

<table>
<thead>
<tr>
<th>QM Star Rating</th>
<th>OLD QMs Cut Points</th>
<th>NEW QMs Cut Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Star</td>
<td>0 – 355</td>
<td>225 – 544</td>
</tr>
<tr>
<td>2 Stars</td>
<td>356 – 435</td>
<td>545 – 629</td>
</tr>
<tr>
<td>3 Stars</td>
<td>436 – 507</td>
<td>630 – 689</td>
</tr>
<tr>
<td>4 Stars</td>
<td>508 – 615</td>
<td>690 – 759</td>
</tr>
<tr>
<td>5 Stars</td>
<td>616 - 900</td>
<td>760 – 1,100</td>
</tr>
</tbody>
</table>
Payroll Based Journal ("PBJ")

Section 6106 of the Affordable Care Act requires facilities to electronically submit direct care staffing information (including agency and contract staff) based on payroll and other auditable data.

- 42 CFR 483.75(u)

When combined with census information, can be used to report:

- Staffing levels
- Employee turnover
- Employee tenure
Staffing Rating

Quality Measures Rating
QMs in the QM Rating As Of 7/16

<table>
<thead>
<tr>
<th>Long Stay QMs</th>
<th>Short Stay QMs</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADL Decline</td>
<td>Pressure Ulcers (Risk Adjusted)</td>
</tr>
<tr>
<td>Catheters (Risk Adjusted)</td>
<td>Pain</td>
</tr>
<tr>
<td>Falls with Injury</td>
<td>Use of Antipsychotics (2/15)</td>
</tr>
<tr>
<td>High Risk Pressure Ulcers</td>
<td>Successfully Discharged to Community (7/16)</td>
</tr>
<tr>
<td>Pain (Risk Adjusted)</td>
<td>Outpatient ED Visit (7/16)</td>
</tr>
<tr>
<td>Physical Restraints</td>
<td>Re-Hospitalization (7/16)</td>
</tr>
<tr>
<td>UTIs</td>
<td>Improvements in Function (7/16)</td>
</tr>
<tr>
<td>Use of Antipsychotics (2/15)</td>
<td></td>
</tr>
<tr>
<td>Ability to Move Worsened (7/16)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Key Benefits of Adding New QMs</td>
</tr>
<tr>
<td>---</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>1</td>
<td>• Increase the number of short stay measures</td>
</tr>
<tr>
<td>2</td>
<td>• Cover important domains not covered by other measures</td>
</tr>
<tr>
<td>3</td>
<td>• Claims-based measures may be more accurate than MDS-based measures</td>
</tr>
</tbody>
</table>
### Six New Quality Measures (QMs)
*(Bringing the Total from 18 to 24)*

<table>
<thead>
<tr>
<th>Short Stay Residents (All Claims-Based)</th>
<th>Long Stay Residents (All MDS-Based)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage who were successfully discharged to the community</td>
<td>Percentage whose ability to move independently worsened</td>
</tr>
<tr>
<td>Percentage who have had an outpatient emergency department visit</td>
<td>Percentage who received an antianxiety or hypnotic medication</td>
</tr>
<tr>
<td>Percentage who were re-hospitalized after a nursing home admission</td>
<td></td>
</tr>
<tr>
<td>Percentage who made improvements in function</td>
<td></td>
</tr>
</tbody>
</table>
July 2016 Nursing Home Compare

5 of These 6 New Measures Will Be Used in the Calculation of Five Star Quality Measure Ratings!

Antianxiety/hypnotic medication measure will not be used in Five Star due to concerns about its specificity and appropriate thresholds for star ratings.
Claims-Based Measures (New Short Stay)

Apply to Medicare Part A only

- Eventually, encounter data may allow inclusion of Medicare Advantage enrollees

All are risk-adjusted, using items from claims, the enrollment database, and the MDS
Further *Preliminary* Details

### Points Are Assigned to Each QM

<table>
<thead>
<tr>
<th></th>
<th>OLD System</th>
<th>NEW System</th>
</tr>
</thead>
<tbody>
<tr>
<td># of QMs</td>
<td>9 QMs</td>
<td>11 QMs</td>
</tr>
<tr>
<td>Points for Each QM</td>
<td>0 to 100</td>
<td>20 to 100</td>
</tr>
<tr>
<td>Total Score Range</td>
<td>0 to 900</td>
<td>225 to 1100</td>
</tr>
<tr>
<td>Reset Cut Points</td>
<td>2009 Distribution</td>
<td>2013 Q3 or Q4 Distribution</td>
</tr>
<tr>
<td>1 Star</td>
<td>11%</td>
<td>15%</td>
</tr>
<tr>
<td>2 Stars</td>
<td>18%</td>
<td>20%</td>
</tr>
<tr>
<td>3 Stars</td>
<td>24%</td>
<td>20%</td>
</tr>
<tr>
<td>4 Stars</td>
<td>31%</td>
<td>20%</td>
</tr>
<tr>
<td>5 Stars</td>
<td>16%</td>
<td>25%</td>
</tr>
</tbody>
</table>
Further **Solid** Details

Updates to:


Updates to:

Overall Nursing Home Rating
### Five-Star Components

<table>
<thead>
<tr>
<th>Component</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Inspections Rating</strong></td>
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<td></td>
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<td><strong>Staffing Rating</strong></td>
<td>- Measures based on nursing home staffing levels</td>
</tr>
<tr>
<td></td>
<td>- RN hours PPD, RN + LPN + NA hours PPD</td>
</tr>
<tr>
<td></td>
<td>- Case mix adjusted</td>
</tr>
<tr>
<td><strong>Quality Measures Rating</strong></td>
<td>- Measures based on resident-level quality measures (QMs)</td>
</tr>
<tr>
<td></td>
<td>- Use data from the MDS</td>
</tr>
<tr>
<td></td>
<td>- Use a portion of the publically reported QMs</td>
</tr>
<tr>
<td><strong>Overall Nursing Home Rating</strong></td>
<td>- Composite Rating</td>
</tr>
<tr>
<td></td>
<td>- 5 step process</td>
</tr>
</tbody>
</table>
5 Steps to Overall 5 Star Rating

1. Start with the health inspection five-star rating.

2. Add one star to Step 1 if staffing rating is four or five stars and greater than the health inspection rating.
   - Subtract one star if staffing is one star.
   - The overall rating cannot be more than five stars or less than one star.

3. Add one star to Step 2 if quality measure rating is five stars.
   - Subtract one star if quality measure rating is one star.
   - The overall rating cannot be more than five stars or less than one star.

4. If the health inspection rating is one star, then the overall quality rating cannot be upgraded by more than one star based on the staffing and quality measures.

5. If the nursing home is a Special Focus Facility (SFF) that has not graduated, the maximum overall quality rating is three stars.
<table>
<thead>
<tr>
<th>Health Inspection</th>
<th>Staffing Rating</th>
<th>Quality Measures</th>
<th>Overall Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 stars</td>
<td>5 stars</td>
<td>5 stars</td>
<td>5 stars</td>
</tr>
</tbody>
</table>

Calculation:

```
5 stars + 5 stars + 0 = 5 stars
```
Example #2

<table>
<thead>
<tr>
<th>Health Inspection</th>
<th>Staffing Rating</th>
<th>Quality Measures</th>
<th>Overall Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>★★★★★</td>
<td>★</td>
<td>★★★★★</td>
<td>★★★</td>
</tr>
</tbody>
</table>

Calculation:

★★★★★ - ★ + 0 = ★★★
Example #3

<table>
<thead>
<tr>
<th>Health Inspection</th>
<th>Staffing Rating</th>
<th>Quality Measures</th>
<th>Overall Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>★★★</td>
<td>★</td>
<td>★★★★</td>
<td>★★</td>
</tr>
</tbody>
</table>

Calculation:

★★★ + 0 + 0 = ★★
Strategies: Good Surveys

GOOD SURVEYS

It’s the basis of your star rating…Do year round preparation!!

- **Mock Survey:** Know where stand 4-6 months after last survey, identify issues and correct before they come back.

- **Rounding on Units:** Involve leadership and staff from the floor. *All eyes on quality.* Residents Needs. Be visible, prepare staff for what is expected. Involve staff.

- **Quality Staff Training:** Train staff on your policies and procedure, real training with return demonstrations, testing. Periodic spot audits. Most common plan of correction activity after survey is staff training. Identify staff deficits and do it before survey when it can prevent deficiencies and less costly.
Strategies: Good Surveys

QUALITY INVESTIGATION OF INCIDENTS & MANAGEMENT OF HIGH RISK RESIDENTS:

- Develop good systems to report incidents in a *timely manner* (24 hours) to Administrator or her/his designee.
- Document investigation by writing down interviews with name, date, time interviewed. Also document meetings with IDT team, what was discussed.
- Complete any other post-incident assessments
- Investigate until know “*why*” the incident occurred.
Strategies: Good Surveys

• Document the “why” as a conclusion statement in the incident report and in progress notes. Based on your investigation/assessments, what interventions are most likely to work? Once you know “why” something is happening, intervention choices became much clearer.

• Document intervention in progress note, incident report, and make sure to update care plan timely.

• Assign someone to monitor if new intervention actual in place, being done, and effective.

• In at least weekly IDT meetings, discuss high risk residents, incidents, and discuss what interventions working, not working. Reassess, change interventions that are not working. Document these meetings, changes.
Strategies: Good Surveys

AVOID COMPLAINT SURVEYS

• Address resident/resident council, family/family council, and staff complaints in timely manner. *Complaints called in to state or made during onsite survey process routinely generate the highest severity deficiencies around the nation.*

• Be Pro-active, responsive, try new interventions, when others are not working. Understand “*why*” they are upset. When you know “*why*,” you’ll know what to do

• Have a someone in charge of grievance process and ensure staff, resident, family verbalize satisfaction with your interventions. Document, with dates, your interventions, and staff, resident, family response
Strategies: Good Surveys

USE YOUR EHR (Electronic Health Record) EFFECTIVELY!!

• Get the training you need to know how to use the your EHR from a leadership perspective. *Your staff are creating a ocean of searchable information. Dive in*

• Monitor for poor, missing, incomplete documentation

• Use Dashboards, reports, alerting systems to be immediately aware of residents with changes in their conditions, work not getting down etc.

• *Know that hospitals, ACOs, and Bundled Payment providers are beginning to require their SNF partners to be fully electronics or they will stop sending referrals. Must have EHR and must use it effectively to survive*


Strategies: Good Surveys

QAPI (Quality Assurance Performance Improvement)

• **Input from all:** Set up system where the **PIPs (Performance Improvement Projects)** your team chooses is based on input from residents, families, and staff. They help pick the issues and the interventions. Give staff from all departments, including unskilled staff roles, duties. *Create buy in from all to build a culture of quality.*

• **Other Sources for PIPs:** CAH triggers, quality measures/ 5 Star issues, frequent causes for re-hospitalization, health care acquired infections, incident report trends, repeat survey issues, repeat grievance issues

• **Data Driven:** Measure your data on performance at beginning of a PIP and periodically, usually monthly, there after to measure if actual progress is being made. Must have interventions, must change interventions if numbers/data/progress not improving

• **Software:** Use computer applications to store, graph, and analyze your data. ACOs, hospital systems, bundled payment conveners, and soon CMS/survey will be asking to see your QAPI data to prove implementation of QAPI, progress on PIPs
Strategies: Staffing

Staffing

• Be aware of your staffing levels on daily basis. Do not intentionally lower your levels to 3 star levels. You only get a extra star on your overall rating from staffing if staffing at 4 or 5 star rating. Dropping a star from staffing is avoidable
• Target RN hours per resident day to be 0.513-0.710 or better
• Target overall nursing hours per resident day to be 4.418 or better daily.
• Create a PIP (Performance Improvement Project) for staff retention, lower turnover
Strategies: Staffing

**PIP (Performance Improvement Project) for staff retention, lower turnover.**

Staffing is not just about the numbers. Being able to achieve right staffing numbers is dependent on flexible and happy workforce.

Use a staff driven QAPI process to identify staff needs, barriers. Measure overtime, staff satisfaction, turn over rate to judge quality of your interventions.

Prevent overtime, put that money into right staffing numbers, to create opportunities for flexible shifts, create a system of rewards.

Use scheduling software the helps with flexible scheduling, ends favoritism, makes best use of resources, allows for self scheduling where appropriate, and allows for smart phone interaction with schedule by staff.
Strategies: Quality Measures

• Your Quality Measure results are available in your facility’s shared folders on CMS’ QIES website
  o (Same way you got to CASPER)
  o **GET THERE FIRST! These reports allow provider to see quality measure percent values prior to being posted on NHC (Nursing Home Compare)**
• QM values for the most recent quarter!
• Check Nursing Home Compare at least monthly!
Strategies: Quality Measures

Quality Measures

• Be aware of your Quality Measures. Review at least monthly. Note which QMs are below average or flagging for your building

• Explore MDS coding accuracy. If coding issue, get training for your MDS staff. If not coding issue, address poor QMS as true quality issues and incorporate into your QAPI program. Create PIPs for poor or flagging QMs

• Avoid presence of any restraint or worsening pressure ulcer for short stay residents. Majority of facilities are not using restraints and have zero or very few worsening pressure ulcers for short stay residents

• Address use of antipsychotic meds
  ◦ Identify on admission. Dose reduction and replacement where appropriate.
  ◦ Involve IDT, to identify non-pharm or alternative approaches for “behavior”
  ◦ Remember untreated or undertreated pain, discomfort as a probable cause for behaviors.
  ◦ Your Medical Director must lead this charge to get buy-in, compliance form all.
Strategies: INTERACT™ & PREVENTING RE-HOSPITALIZATION

• Avoiding unnecessary re-hospitalization is becoming one of the most important issues skilled nursing facilities are facing
  ◦ Starting October 1st 2015, CMS started collecting your statistics on re-hospitalization.
  ◦ In 2017 your 5 star rating will be partially based on your re-hospitalization rate
  ◦ In 2018 part of your reimbursement from CMS will be based on your re-hospitalization rate

• Hospitals are being fined and putting immense pressure on SNFs to have better re-hospitalization rates or those hospitals will no longer provide referrals
Strategies: INTERACT™ & PREVENTING RE-HOSPITALIZATION

• Most of the nations health care system is being organized into new ACO (Accountable Care Organization) networks. ACOs are not picking skilled nursing facilities with poor re-hospitalization rates. Not getting in the local ACO could mean lack of referrals.

• INTERACT™ is an evidence-based, proven, quality improvement process for reducing re-hospitalization.

• Recommend to use the whole INTERACT™ process to be successful.

• Get free tools and info for INTERACT™ at http://interact.fau.edu/index.aspx
Resources

www.cms.gov

• 5 Star Quality Rating System Technical User’s Guide
Thank you for attending the presentation!

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And

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