



Secrets to Success in QASP

CAHF Annual Meeting
November 14, 2017

Secrets to Success

Learning Objectives

- Set actionable goals for cross-functional impact – bedside to bottom-line
- Optimize and maintain care outcomes to maximize program participation
- Determine appropriate improvement goals in each MDS Clinical Measurement Area

What are we talking about?

QASP: Quality Accountability Supplemental Payment Program

- Additional funds annually distributed to providers, if qualified
 - Must have Fee-for-Service Medi-Cal days during measurement period
 - No A or AA state citations
 - Meet staffing requirements for each day (3.2)
 - Have data in at least one measurement area

QASP

- Exceed state average for identified Quality Measures
 - Long Stay: Pressure Ulcers, Restraints, UTIs, Incontinence, Pain, ADL decline
 - Short Stay: Vaccinations, Pain
 - 30 Day Rehospitalization
 - Staff Retention
- For vaccinations and staff retention, higher numbers are better.
- Quality Measures are defined by CMS with the exception of Pressure Ulcers which was modified to meet state regulations.

QASP

- Payment is based on your performance during the measurement year.
 - At state average: no points
 - Better than the 50th percentile but not at the 75th percentile: half of available points
 - Better than 75th percentile: all the points
- And if you improved over prior performance
 - Top 20% most improved get added per diem

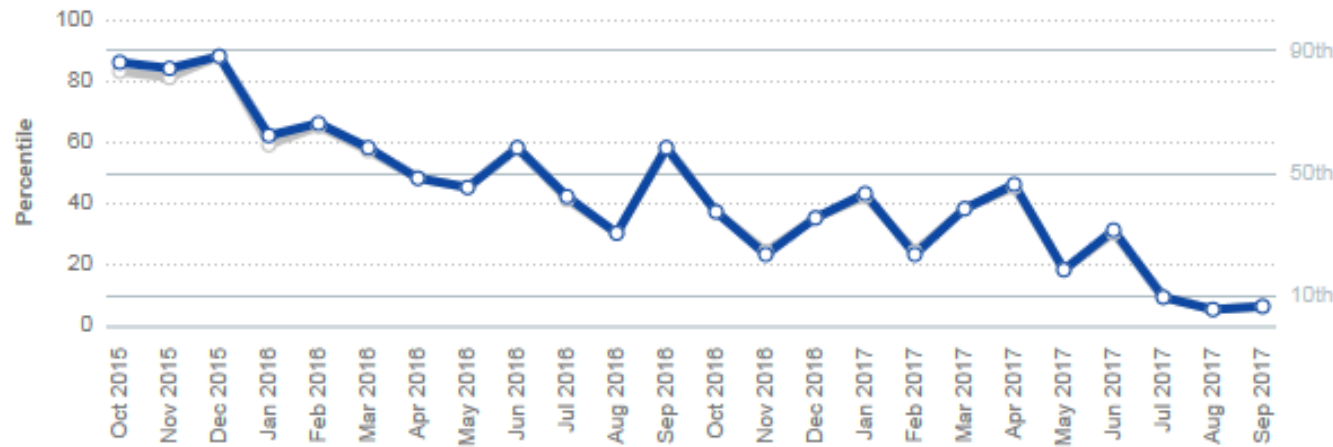
Quality Improvement

- Donabedian Model
 - Structure: elements needed to follow process
 - Process: the methods used to impact improvement
 - Outcome: our results; can trend to determine effectiveness of interventions
- The 3 Whys
 - Why, why, why

It all starts with your Minimum Data Set!

How accurate is your data?

DIA Performance Overall



**Avg Number Of
Issues Per MDS**

| |
|------|
| 1.48 |
| 1.48 |
| 1.3 |
| 1.3 |
| 1.55 |
| 1.55 |
| 1.5 |
| 1.5 |

MDS influence

- Foundational in care planning process
- Drives clinical decision making around care
- Drives quality
- Used by surveyors and auditors
- Impacts public perception
- Determines reimbursement

Knowing the Quality Measures is good

Issue G60

Description:

- QASP/QM Alert: Resident's self performance in ADLs: bed mobility (G0110A1), transfer (G0110B1), eating (G0110H1), and/or toileting (G0110I1) has worsened in comparison to the prior assessment. This QM is included in the Five-Star calculation.

Why this is an issue:

- This assessment will trigger the ADL Decline QM if the resident is in the Long Stay population. This QM is one of the performance measures used in the Quality Accountability and Supplemental Payment (QASP) program.

Resolving the issue:

- The ADL QM triggers when the resident's Late-Loss ADL self performance worsens by two points in one activity, or by one point in two or more activities, compared to the prior assessment.

Ask A Question

But Knowing Contributing Factors is Better!

Issue M46

Description:

- QASP Alert: Resident is at risk for pressure ulcers (M0150=1), transfers out of bed (G0110B1) and uses a wheelchair for mobility (G0600C), yet has a pressure-reducing device on the bed (M1200B) but not on the chair (M1200A).

Why this is an issue:

- Many residents who require pressure reduction in the bed also require it in the chair if it is used for a significant amount of time.

Resolving the issue:

- The RAI v. 3.0 Manual defines pressure reducing devices on p. M-37: "May include foam, air, water gel, or other cushioning placed on a chair, wheelchair or bed. Includes pressure relieving, pressure reducing, and pressure redistributing devices."
- Pressure reducing devices do not include egg crate mattresses or doughnut/ring devices (p. M-38).

Ask A Question

Quality Measure Root Cause Analysis

- Focus on areas of high volume, high risk, or problem prone

| MDS Clinical Measurement Areas | Total Possible Points | Your Points |
|---|-----------------------|-------------|
| Pressure Ulcers: Long Stay | 11.1111 | 5.5556 |
| ADL Decline: Long Stay | 11.1111 | 5.5556 |
| Physical Restraints: Long Stay | 11.1111 | 11.1111 |
| Influenza Vaccination: Short Stay | 5.5556 | 0.0000 |
| Pneumococcal Vaccination: Short Stay | 5.5556 | 0.0000 |
| UTI: Long Stay | 11.1111 | 5.5556 |
| Control of Bowel/Bladder: Long Stay | 11.1111 | 5.5556 |
| Self-report Pain: Short Stay | 5.5556 | 2.7778 |
| Self-report Pain: Long Stay | 5.5556 | 0.0000 |
| PointRight Pro 30 [®] Risk-Adjusted 30-Day Rehospitalization | 11.1111 | 0.0000 |



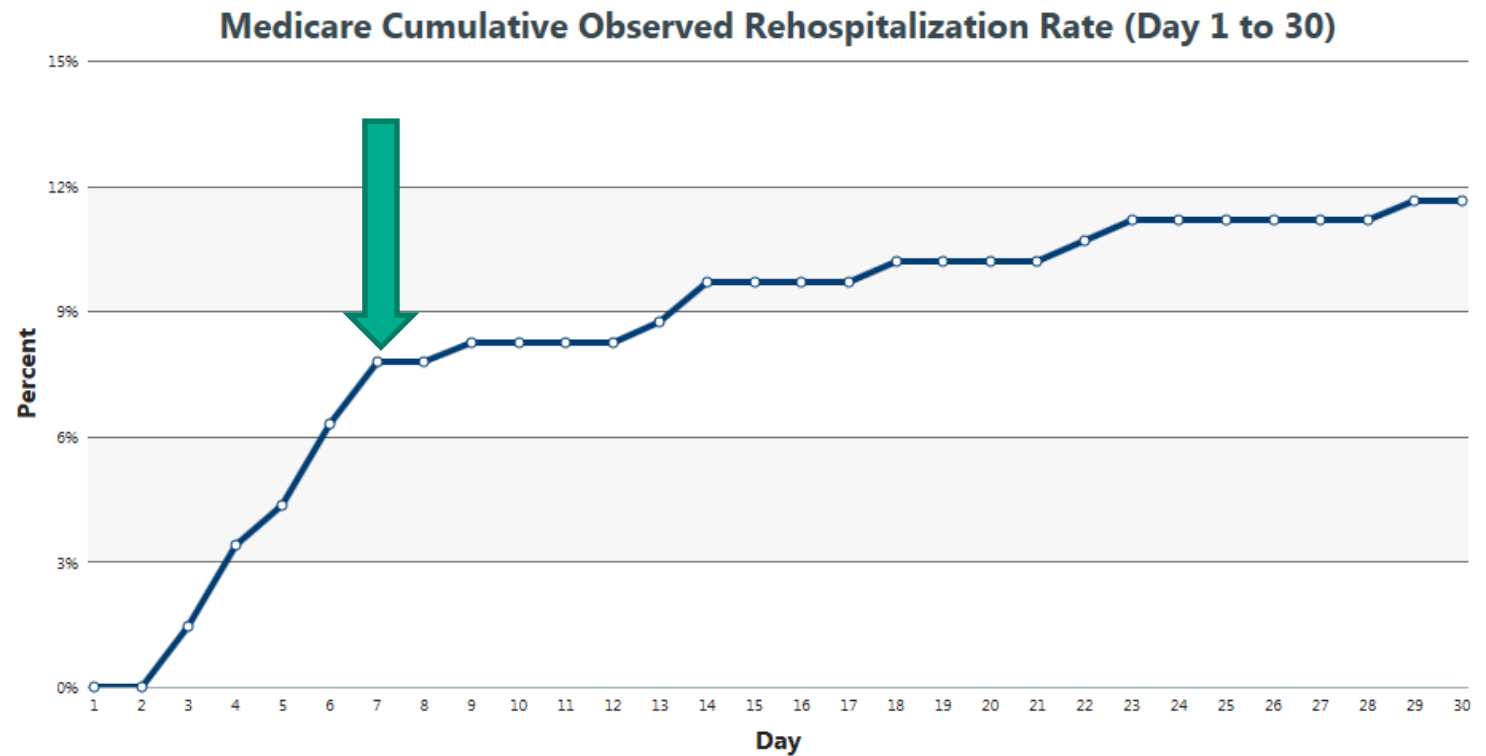
Gather Your Facts

Compile as much data as you have:

- Current state and trending

When in their stay are your patients going back to the hospital?

Days 2-7



Gather Your Facts

Number of Rehospitalizations by Day of the Week

| Group/Facility | S | M | T | W | T | F | S |
|-----------------|----|----|----|----|----|----|----|
| 4 PR Demo North | 31 | 63 | 50 | 50 | 30 | 42 | 41 |
| PR North 1 | 5 | 6 | 9 | 12 | 5 | 7 | 7 |
| PR North 2 | 2 | 9 | 4 | 3 | 5 | 6 | 6 |
| PR North 3 | 10 | 24 | 16 | 12 | 8 | 10 | 16 |
| PR North 4 | 4 | 5 | 7 | 6 | 6 | 1 | 4 |
| PR North 5 | 10 | 19 | 14 | 17 | 6 | 18 | 8 |

What day of the week has the most rehospitalizations for your center?

Wednesday

Gather Your Facts

| REHOSPITALIZATION BY CLINICAL COHORT | | | OBSERVED | | | EXPECTED | ADJUSTED | | |
|--------------------------------------|--------------------|---------------------|----------|---------------------|------------|----------|----------|---------------------|------------|
| Clinical Cohort | Numerator | Denominator | Rate | PR National Average | Percentile | Rate | Rate | PR National Average | Percentile |
| CHF | 30 | 98 | 30.6% | 24.3% | 81 | 22.0% | 25.3% | 17.8% | 92 |
| COPD | 28 | 123 | 22.8% | 22.5% | 54 | 21.0% | 19.7% | 17.6% | 67 |
| CVA | 7 | 52 | 13.5% | 20.2% | 25 | 19.9% | 12.3% | 16.3% | 28 |
| Diabetes | 40 | 166 | 24.1% | 22.6% | 62 | 20.7% | 21.2% | 17.6% | 78 |
| Hip Surgery | 1 | 17 | Ø | 9.8% | Ø | Ø | Ø | 12.5% | Ø |
| Knee Surgery | 0 | 17 | Ø | 7.9% | Ø | Ø | Ø | 10.6% | Ø |
| Pneumonia | 19 | 84 | 22.6% | 23.6% | 49 | 23.8% | 17.3% | 18.1% | 48 |
| Recent Surgery | 26 | 134 | 19.4% | 18.5% | 60 | 16.4% | 21.5% | 17.8% | 74 |

Which clinical conditions are the most challenging for your team to manage?

CHF and Diabetes

Gather Your Facts

- What other data points would be helpful?
 - Shift
 - Attending MD/MD extender
 - Referring hospital
 - Day of Entry

Focus on Retention

- Impacts Quality
 - Systems work better
 - Less agency better care
 - Benefit of consistent assignments
- Required to meet daily staffing levels to participate
- Staffing is the basic structural underpinning

Power of Prediction- Pressure Ulcers

- Your QM for LS Pressure Ulcers shows that you are an outlier.
 - Why?
 - You do a good job of healing existing ulcers, but not at preventing new ones
 - Why?
 - Everyone is on a turning and repositioning programs, so not everyone gets turned timely and staff has lost focus
 - Why?
 - Proper assessments for risk have not been done to identify which residents would benefit from a program because they are at risk for developing a pressure ulcer

Power of Prediction- Pressure Ulcers

- Contributing factors for pressure ulcers can be determined using a variety of assessments
 - Braden, MDS, Norton

Pressure Ulcer

HERE'S WHY High Risk

MDS Items that Contribute to Risk

- Extensive or total assistance for bed mobility (G0110A1)
- Extensive or total assistance for transfer (G0110B1)
- Urinary incontinence (H0300)
- 68 inches tall (K0200A)
- 138 pounds (K0200B)
- 1 healed Stage 3 pressure ulcer(s) (M0900C)

Power of Prediction: Frailty/Mortality

- Assessments are available
 - Flacker Mortality score
 - RADAR[®]

| Resident Information | | | | | | | Descriptive Scales (Impairment) | | | | Predictive Scales (Risk) | | | | Complexity | |
|---------------------------|------------|-------|-------------|------------|----------------|---------------|------------------------------------|-----------|-----------|-------|-----------------------------|----------------|-----------------|-----------|---------------|--------------------|
| Name | Birth Date | MRN | Room Number | ARD | Admission Date | Level of Care | ADL | Cognition | Mood | Pain | Falls | Pressure Ulcer | Hospitalization | Mortality | Return to SNF | Discharge Planning |
| Bspoolwbdz, Hwuwx Hospice | 01/18/1920 | 18870 | 706 | 08/10/2017 | 06/01/2016 | Custodial | Red | Red | Red Down | Green | Green | Red Down | Green Up | Red Down | Red | 99 |
| Uyomp, Jcrgbjl Hospice | 01/28/1940 | 25651 | 604 | 08/10/2017 | 05/11/2017 | Custodial | Red | Red | Red Down | Green | Green Up | Red | Green | Red | Red | 85 |
| Dmszp, Npogx | 04/21/1969 | 8583 | 411 | 07/21/2017 | 07/20/2007 | Custodial | Green Up | Red | Yellow Up | Red | Green | Red Down | Red Down | Red | Red | 96 |
| Edksnq, Tjfhg | 03/22/1955 | 25776 | 354 | 08/10/2017 | 08/03/2017 | Custodial | Red | Red | Red | Green | Green | Red | Red | Red | Red | 95 |
| Lqyix, Hlqcygh Hospice | 03/15/1936 | 25715 | 365 | 08/15/2017 | 06/21/2017 | Custodial | Yellow | Yellow | Green | Green | Green | Red Down | Green Up | Red Down | Red | 56 |
| Mcifnwjtaq, Hiidl Hospice | 01/26/1920 | 22616 | 414 | 07/11/2017 | 08/26/2016 | Custodial | Red | Red Down | Green Up | Green | Green | Red | Green | Red | Red | 96 |

Power of Prediction- M

- End of Life prediction
 - Long stay frail elders- 14% of those frail elders who go to the end of life.
 - Greatest risk of litigation is for
 - Drive the Advanced Directive

Mortality

HERE'S WHY

High Risk

MDS Items that Contribute to Risk

- Extensive or total assistance for transfer (G0110B1)
- Extensive or total assistance for locomotion on unit (one person assist) (G0110E1, G0110E2)
- Assistance for eating (G0110H1)
- Frequently incontinent of bowel (H0400)
- Cancer, either with or without metastasis (I0100)
- Heart failure (I0600)
- Urinary tract infection (I2300)
- Shortness of breath with exertion (J1100A)
- Shortness of breath when sitting at rest (J1100B)
- Shortness of breath when lying flat (J1100C)
- Physician documentation of life expectancy of less than six months (J1400)
- Oxygen (O0100C1, O0100C2)
- IV medications (O0100H1, O0100H2)
- Examined by the physician or authorized assistant or practitioner 1 day during target 14-day period (O0600)
- Orders changed by the physician or authorized assistant or practitioner 7 days during the target 14-day period (O0700)

Power of Prediction: Advanced Directives

- Hospital deaths due to preventable causes:
 - Hospital acquired infections
 - Pressure ulcers
 - Blood clots
 - Falls
 - Sepsis
- Issues around transfers

Let's Look at the Numbers

Set Your Goals for 2017-2018 Period

This chart represents the quality measures that are counted in the QASP and 5 Star systems. The goal of this chart is to provide CAHF members with a "dashboard" of these measures and the cut points that relate to the QASP award and/or the QM rating in the 5 Star system. The QASP measures are in the green columns and the 5 Star are in the yellow columns. The cutpoints on this chart are projections for 2017-18. The point ranges for 5 Star QMs and Staffing are set by CMS and only change occasionally. The point ranges presented here for the QASP state average and the 75th percentile are extrapolated from the award levels in QASP Year 1 and Year 2. It is our "best guess" for where the cut points will be for the 2017-2018 QASP performance period. Please note that there are no projected percentile benchmarks for the QASP staffing and rehospitalization measures, as there is no historical data for these new measures. This chart will be updated annually when the QASP performance awards levels are released, and as needed should the 5 Star cut points be changed by CMS.

| Quality Measure** | Extrapolated* Values for QASP QMs, 2017-2018 | | National Ranges for 5-Star Point Values for Non-ADL QMs and CA Range for ADL QM (updated July 2016)*** | | |
|--|--|---------|--|-----------------------|-----------------|
| | 75th % | Average | 60 Points, % | 80 Points, % | 100 Points, % |
| Pressure Ulcers: Long Stay | 1.713% | 3.373% | 4.453438 - 6.181819 | 2.654869 - 4.453437 | 0 - 2.654868 |
| Physical Restraints: Long Stay | 0.000% | 0.266% | 0.000001 - 1.424503 | NA | 0 |
| Influenza Vaccination: Short Stay | 96.288% | 85.387% | | | |
| Pneumococcal Vaccination: Short Stay | 96.630% | 83.804% | | | |
| Urinary Tract Infection: Long Stay | 0.668% | 2.292% | 3.423683 - 5.128203 | 1.851852 - 3.423682 | 0 - 1.851851 |
| Control of Bowel/Bladder: Long Stay | 34.931% | 45.669% | | | |
| Self-Report Pain: Short Stay | 1.923% | 8.417% | 13.229571 - 18.827161 | 7.359306 - 13.229570 | 0 - 7.359305 |
| Self-Report Pain: Long Stay | 0.453% | 4.104% | 4.988421 - 8.311380 | 2.201135 - 4.988420 | 0 - 2.201134 |
| ADL Decline: Long Stay | 6.400% | 10.802% | 13.483146 - 16.778523 | 10.049022 - 13.483145 | 0 - 10.049021 |
| Catheter: Long Stay | | | 2.094372 - 3.178361 | 1.073928 - 2.094371 | 0 - 1.073927 |
| Injurious Falls: Long Stay | | | 2.403849 - 3.511052 | 1.315790 - 2.403848 | 0 - 1.315789 |
| Antipsychotic Medications: Short Stay | | | 0.999999 - 1.912567 | 0.000001 - 0.999998 | 0 |
| Mobility Decline: Long Stay | | | 14.454545 - 19.333225 | 8.022494 - 14.454544 | 0 - 8.022493 |
| Functional Improvement: Long Stay | | | 62.861965 - 70.966589 | 70.966590 - 81.666871 | 81.666872-100 |
| Hospital Readmission: Short Stay | | | 18.716280 - 21.886203 | 13.839279 - 18.716279 | 0 - 13.839278 |
| ED Visits: Short Stay (added in July 2016) | | | 8.944666 - 11.696705 | 5.488715 - 8.944665 | 0 - 5.488714 |
| Successful Community Discharge: Short Stay | | | 54.906047 - 59.926790 | 59.926791 - 66.448730 | 66.448731 - 100 |
| Staff Retention | > 64% | > 54% | | | |
| 30-Day Rehospitalization: Short Stay | < 13% | < 16% | | | |

Other Ranges and Cut-points

| Measure | 50 Points, % | 75 Points, % | 100 Points, % |
|--|---------------------|---------------------|---------------|
| New or Worsening Pressure Ulcers: Short Stay | 0.692692 - 1.566248 | 0.000001 - 0.692691 | 0 |
| | 3 Stars | 4 Stars | 5 Stars |
| Health Inspection Score, California (07-01-2016)**** | 44.668 - 64.000 | 24.668 - 44.667 | ≤ 24.667 |
| Staffing Measures, RN, hppd (updated April 2012) | 0.379 - 0.512 | 0.513 - 0.709 | ≥ 0.710 |
| Staffing Measures, Total, hppd (updated April 2012) | 3.661 - 4.172 | 4.173 - 4.417 | ≥ 4.418 |

Let's Look at the Numbers

| Measure | Statewide Mean | Statewide 75th Percentile |
|---|----------------|---------------------------|
| Facility-Acquired Pressure Ulcer Incidence (Long Stay) | 2.812% | 0.952% |
| Use of Physical Restraints (Long Stay) | 0.609% | 0.000% |
| Influenza Vaccination (Short Stay)* | 87.220% | 97.045% |
| Pneumococcal Vaccination (Short Stay)* | 86.493% | 97.701% |
| Urinary Tract Infection (Long Stay) | 2.563% | 0.730% |
| Loss of Bowel or Bladder Control (Long Stay) | 45.276% | 34.783% |
| Self-Report Moderate to Severe Pain (Short Stay) | 8.599% | 1.596% |
| Self-Report Moderate to Severe Pain (Long Stay) | 4.243% | 0.000% |
| Increased Need for Help with Activities of Daily Living (Long Stay) | 10.919% | 6.586% |
| 30-day SNF Rehospitalization | 16.675% | 13.911% |
| Staff Retention* | 73.566% | 83.333% |

Let's Look at the Numbers

| MDS Clinical Measurement Areas | Current 12-Month Rate | Numerator | Denominator | Estimated State Average | Estimated State 75th Percentile | Residents Away From State Average | Residents Away From 75th Percentile | Base Period Rate (Prior Year) | Rolling 3 Month Trend |
|---|-----------------------|-----------|-------------|-------------------------|---------------------------------|-----------------------------------|-------------------------------------|-------------------------------|-----------------------|
| Pressure Ulcers: Long Stay | 0.79% | 1 | 139 | 3.37% | 1.17% | 4 | 1 | 1.10% | ↑ |
| ADL Decline: Long Stay | 5.88% | 9 | 153 | 10.80% | 6.40% | 8 | 1 | 6.40% | ↑ |
| Physical Restraints: Long Stay | 0.54% | 1 | 184 | 0.27% | 0.00% | -1 | -1 | 0.75% | ↑ |
| Influenza Vaccination: Short Stay | 90.66% | 68 | 75 | 85.39% | 92.23% | 4 | -1 | 86.39% | No Change |
| Pneumococcal Vaccination: Short Stay | 85.83% | 103 | 120 | 83.80% | 96.63% | 2 | -13 | 86.39% | No Change |
| UTI: Long Stay | 1.12% | 2 | 179 | 2.29% | 0.67% | 2 | -1 | 1.20% | ↓ |
| Control of Bowel/Bladder: Long Stay | 44.57% | 37 | 83 | 45.67% | 34.39% | 1 | -8 | 42.30% | ↑ |
| Self-report Pain: Short Stay | 5.26% | 4 | 76 | 8.42% | 1.92% | 2 | -3 | 7.80% | ↑ |
| Self-report Pain: Long Stay | 2.01% | 3 | 149 | 4.10% | 0.45% | 3 | -2 | 3.65% | ↑ |
| PointRight Pro 30 [®] Risk-Adjusted 30-Day Rehospitalization | 17.33% | 13 | 75 | 16.00% | 13.00% | -1 | -3 | 16.50% | No Change |



QUESTIONS

Thank You!

Pam Kaiser, MSN, RN
VP Provider Solutions

 781.457.5924

 pam.kaiser@pointright.com

Cathy Fratello
*National Business Development
Executive*

 661.904.6398

 cathy.fratello@pointright.com