The QUALITY INITIATIVE | AN OVERVIEW

The American Health Care Association (AHCA) has broadened its Quality Initiative* to further improve the quality of care in America's skilled nursing care centers. The expansion of the Initiative will challenge members to apply the Baldrige Excellence Framework to meet measurable targets in eight critical areas by March 2018. These areas are aligned with the Centers for Medicare & Medicaid Services (CMS)' Quality Assurance/Performance Improvement (QAPI) program and federal mandates, such as Five-Star and the Improving Medicare Post-Acute Care Transformation (IMPACT) Act.

IMPROVE ORGANIZATIONAL SUCCESS BY:

INCREASING Staff Stability

The Issue

Those who work most closely with residents and patients are at the core of providing quality care. The more consistent the staff is, the more they understand and are able to effectively respond to each person's needs – reinforcing our commitment to delivering person-centered care. Additionally, dwindling government resources make it all the more critical for centers to reduce the excess costs generated by frequent turnover.

Target

Decrease turnover rates among nursing staff (RN, LPN/LVN, CNA/LNA) by 15% or achieve/maintain at or less than 40% by March 2018.

Measurement

AHCA will measure progress using staffing data members submit to LTC Trend Tracker℠ starting in May. LTC Trend TrackerSM will allow members to upload, track and benchmark their turnover and retention information. By the end of 2016, the Centers for Medicare & Medicaid Services (CMS) also plans to implement a nationwide system of electronic reporting on turnover and retention in the Five-Star Quality Rating System that will provide a national data source for all nursing centers.

ADOPTING Customer Satisfaction Questionaire & Measure

The Issue

Similar to many other professions, the happiness and peace of mind of patients, residents and their families is paramount to skilled nursing care and assisted living communities. That is why the Association has made great progress in identifying a customer satisfaction survey that can be uniformly used by long term and post-acute care providers.

Target

At least 25% of members will measure and report long-stay resident and family satisfaction and/or short-stay satisfaction using the Core-Q survey.

Measurement

The Association is working with leading survey vendors to incorporate the CoreQ survey into their questionnaires and is building functionality to allow members to submit and track their results in LTC Trend Tracker℠. Progress will be measured using composite measures. This functionality is in development and will be complete by October 2015.

REDUCING the Number of Unintended Health Care Outcomes

The Issue

A report by the Office of Inspector General (OIG) in 2014 found that 22% of patients in skilled nursing centers experienced an unintended health care outcome, which could be classified into three areas: medication related, care practice related and infections. Approximately two-thirds were considered potentially preventable based on review of the medical record by physician and nurse reviewers. Approximately one-third of all unintended health care outcomes resulted in a hospitalization. Many of the measures outlined in the IMPACT Act (e.g., pressure ulcers, falls, medication reconciliation, rehospitalization) can be classified as measures related to unintended health care outcomes. **CONTINUED...**

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Target
Reduce the number of unintended health care outcomes by March 2018.

Measurement
Progress will be measured using composite measures of multiple quality measures related to unintended health care outcomes (such as combining rehospitalizations, pressure ulcers, falls, etc). This measure is under development and will be completed by March 2016 at which time a specific target reduction will be set.

IMPROVE SHORT-STAY/POST-ACUTE CARE BY:

SAFELY REDUCING Hospital Readmissions

The Issue
Currently, one in six persons admitted to a skilled nursing care center from a hospital are readmitted to the hospital within 30 days during their skilled nursing care stay. This not only has negative physical, emotional and psychological impacts on these individuals, but also costs government programs like Medicare billions of dollars. This past year, Congress passed the Protecting Access to Medicare Act of 2014 that implements a Skilled Nursing Facility (SNF) Value Based Purchasing (VBP) program that imposes a 2% withhold on all SNF Part A payments, of which, between 50%–70% may be earned back based on a center's rehospitalization rates.

Target
Safely reduce the number of hospital readmissions within 30 days during a skilled nursing center stay by an additional 15%*or achieve and maintain a low rate of 10% by March 2018.

Measurement
Progress will continue to be measured by using the PointRight® Pro 30™ rehospitalization metric, which has been endorsed by the National Quality Forum (NQF).

IMPROVING Discharge Back to the Community

The Issue
The Medicare Payment Advisory Commission (MedPAC), the IMPACT Act and changes to the Five-Star Quality Rating System all call for measuring discharges back to the community, not to mention its importance for managed care plans, ACOs, and bundled payment models. This measure focusses on the proportion of patients admitted from a hospital to a skilled nursing center who are discharged back to the community within 100 days.

Target
Improve discharge back to the community by 10% or achieve and maintain a high rate of at least 70% by March 2018.

Measurement
AHCA will measure progress of this goal by using a risk adjusted MDS based measure developed by Brown University, which has been added to LTC Trend Tracker℠.

ADOPTING Functional Outcome Measures

The Issue
MedPAC, the IMPACT Act, and CMS have all called for the development of functional improvement measures that are based on self-care and mobility. These measures will be publicly reported and will likely be added to the Five-Star Quality Rating System.

Target
25% of members will adopt the use of the mobility and self-care sections of the CARE tool and report functional outcome measures using LTC Trend Tracker℠.

Measurement
AHCA is working with therapy vendors to incorporate the Continuity Assessment Record and Evaluation (CARE) tool to calculate these two outcome measures in LTC Trend Tracker℠. This functionality is in development and will be complete by October 2015. The NQF is also currently reviewing both measures for endorsement.

IMPROVE LONG-TERM/DEMENTIA CARE BY:

SAFELY REDUCING Off-label Use of Antipsychotics

The Issue

Studies have demonstrated that antipsychotic medications provide only a small benefit for a limited set of individuals with dementia, but pose a large risk of adverse events. In 2012, the CMS launched the National Partnership to Improve Dementia Care in Nursing Homes, which AHCA supported, setting the goal of a 15% reduction. That goal was achieved as of the end of 2014. In September 2014, CMS along with AHCA and others set new goals to continue reducing the use of antipsychotic medications.

Target

Safely reduce the off-label use of antipsychotics in long-stay nursing center residents by an additional 10%* by Dec. 2015; 15% by Dec. 2016.

Measurement

The progress of this goal is measured by using the CMS quality measure on the prevalence of off-label use of antipsychotic medications in skilled nursing care centers for long-stay residents, which is published on Nursing Home Compare.

SAFELY REDUCING Hospitalizations

The Issue

Individuals who reside in skilled nursing care centers long term are at risk of being hospitalized. These hospitalizations often result in individuals developing healthcare acquired infections, pressure ulcers, weakness and delirium which also impact the resident's quality of life. Nearly half of AHCA members focus principally on serving a long-stay population. This measure aligns with MedPAC, Medicaid Managed Care, Medicare Managed Care and CMS, which have all called for measuring long-stay hospitalization rates.

Target

Safely reduce hospitalizations among long-stay residents by 15% or achieve/maintain a low rate of 10% or less by March 2018.

Measurement

The Association will use a risk-adjusted MDS based measure that PointRight developed with an AHCA workgroup. Results for each skilled nursing care center in the country will be made available in LTC Trend Tracker℠ by the end of 2015.

THE TOOLS

The Association has a number of tools and resources to assist member organizations in accomplishing the goals of the Quality Initiative, including LTC Trend Tracker℠ and the AHCA/ NCAL National Quality Award Program.

LEARN MORE AT http://qualityinitiative.ahcancal.org

or contact QualityInitiative@ahca.org

*Launched in early 2012, the Quality Initiative challenged its members to achieve measurable goals in four key areas by March 2015: safely reduce 30-day hospital readmissions and the use of antipsychotic medications by 15%, as well as increase staff stability by reducing nursing staff turnover by 15% and increase customer satisfaction by having 90% of residents and families willing to recommend their center to others.

DISCLAIMER: The AHCA/NCAL quality programs' contents, including their goals and standards, represent some preferred practices, but do not represent minimum standards or expected norms for skilled nursing and/or assisted living providers. As always, the provider is responsible for making clinical decisions and providing care that is best for each individual person.