Gear up for the New Year! Positioning your Organization to Gather, Track, and Use Data in 2021

Welcome!

- All lines are muted, so please ask your questions in chat
- For technical issues, chat to the 'Technical Support' Panelist
- Please actively participate in the poll that will pop up on the lower righthand side of your screen at the end of the presentation

ALLIANT QUALITY

The Quality Improvement Services Group of
ALLIANT HEALTH SOLUTIONS

We will get started shortly!

Carolyn Kazdan, MHSA, NHA

AIM LEAD, CARE COORDINATOR

Carolyn currently holds the position of Assistant Director, Health Care Quality Improvement for IPRO, the Medicare Quality Improvement Organization for New York State. She leads IPRO's work on the New York State Partnership for Patients and Project ECHO®. Carolyn previously led the Centers for Medicare & Medicaid Services (CMS) Special Innovation Project on Transforming End of Life Care in the Nassau and Suffolk County region of New York State. Prior to joining IPRO, she served as a Licensed Nursing Home Administrator and Interim Regional Director of Operations in skilled nursing facilities and Continuing Care Retirement Communities in New York, Pennsylvania, Ohio and Maryland. Carolyn has served as a senior examiner for the American Healthcare Association's National Quality Award Program, and currently serves on the MOLST Statewide Implementation team and Executive Committee.

Carolyn enjoys visiting her grandchildren, photography, crocheting, needlepoint, reading and being at the beach!

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Sara Butterfield, RN, BSN, CPHQ

ASSISTANT VICE PRESIDENT, HEALTHCARE QUALITY IMPROVEMENT, IPRO

Sara has been a Registered Nurse for 40 years with 20 years of experience working within hospital setting in the areas of management, direct care, performance improvement, case management and utilization review. She has been with IPRO for 21 years serving as lead for many different CMS priority projects, including the Coordination of Care task, Community Based Sepsis SIP and Transforming End of Life Care SIP.

Sara enjoys traveling, family and friends and spending time with her very spoiled chocolate lab.

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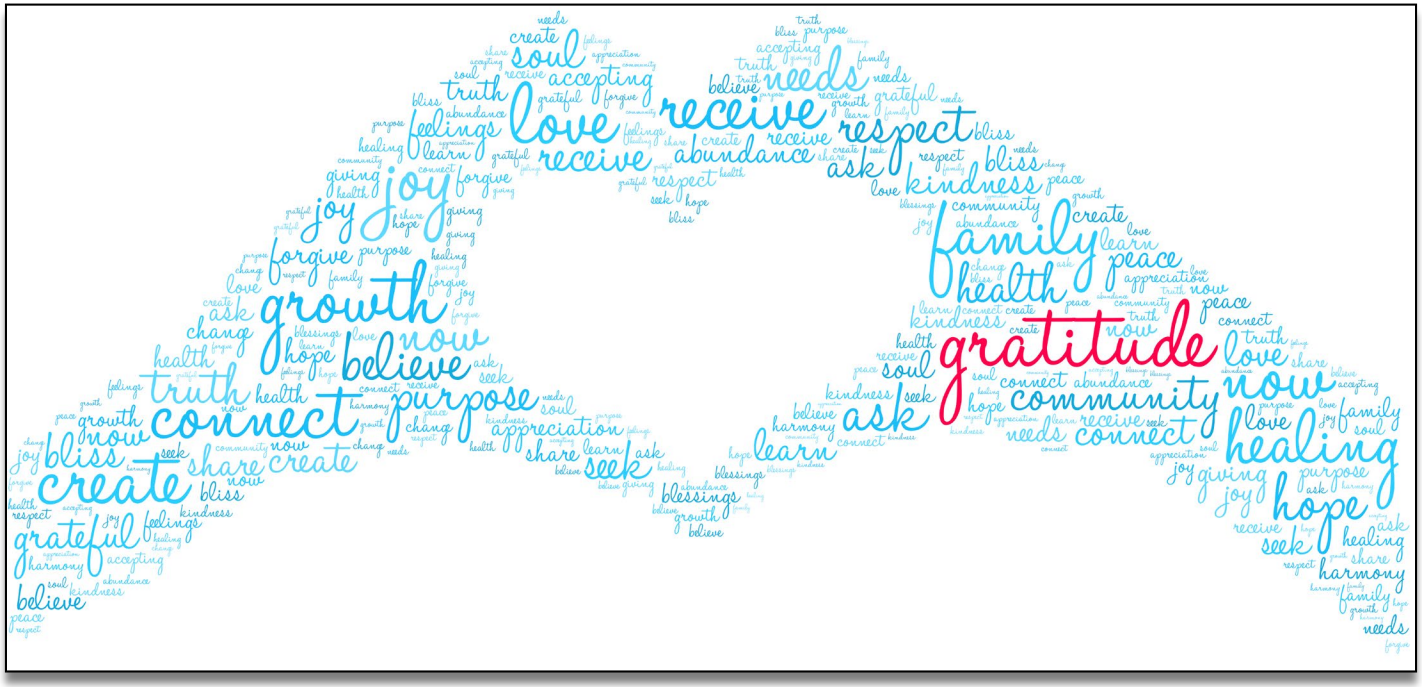


“The greatness of a community is most accurately measured by the compassionate actions of its members.”

Loretta Scott King

Chat In

Please use the chat feature to share your name, organization, and state.

Where have you found joy in your work this year?

Who's Around the Virtual Table?

Objectives

- Learn Today:
  - Understand the benefits of cross-setting data sharing to improve healthcare outcomes and community tenure.
  - Identify potential sources for quantitative and qualitative data in healthcare.
  - Discuss data elements for process and outcome measurement to evaluate transitions of care opportunities for improvement.
  - Identify the characteristics of a comprehensive data dashboard to drive improved care coordination.
- Use Tomorrow:
  - Implement collection of data to reduce readmission rates.

Chat In

We want this time to be of value to you

Please use the chat feature to let us know what you are hoping to learn and/or contribute to today's session.

In Search of Quality

"The definition of insanity is continuing to do the same thing over and over again and expecting a different result."

- Albert Einstein

Health Care Quality Improvement

Health Care Quality Improvement is a constant and organized group of actions directed towards a ***measurable*** improvement goal in a health care service and/or health status of a targeted patient population.

(Institute of Medicine, IOM)

Data and Quality Improvement

- Data objectively identifies "what is actually happening" versus the subjective, "what people think is happening"
- Data helps create a starting point, or baseline of measurement, from where future measurements in QI can progress.
- Data helps with various objective observations of safety and quality in outcome metrics that help determine effectiveness of services delivered.

Measurable Goals are Essential To …

- Improve population health by improving processes and outcomes to decrease morbidity and mortality
- Improve communications with partners-in-care, essential for avoiding medical errors and delivering optimal patient care
- Recognize potential problems and take steps to minimize or avoid them.
- Identify high priority needs to streamline efforts towards improvement and efficiency.

Types of Health Care Data

Qualitative: Data that cannot be expressed in numerical, mathematical terms or numbers easily, but rather descriptive terms, such as words.

- Examples include results from focus group discussions, patient and care partner interviews, satisfaction survey results, staff feedback, physician satisfaction.

Quantitative: Data that can be expressed in numerical, mathematical terms such as paid claims, numerical survey results, percentages, readmissions numbers, etc.

- Examples include risk assessments performed, readmissions, super-utilizer ED visits, opioid mortalities, behavioral health referrals.
- Sources internal monitoring, QIN-QIO data, Finance Dept.

Data Measurement Process

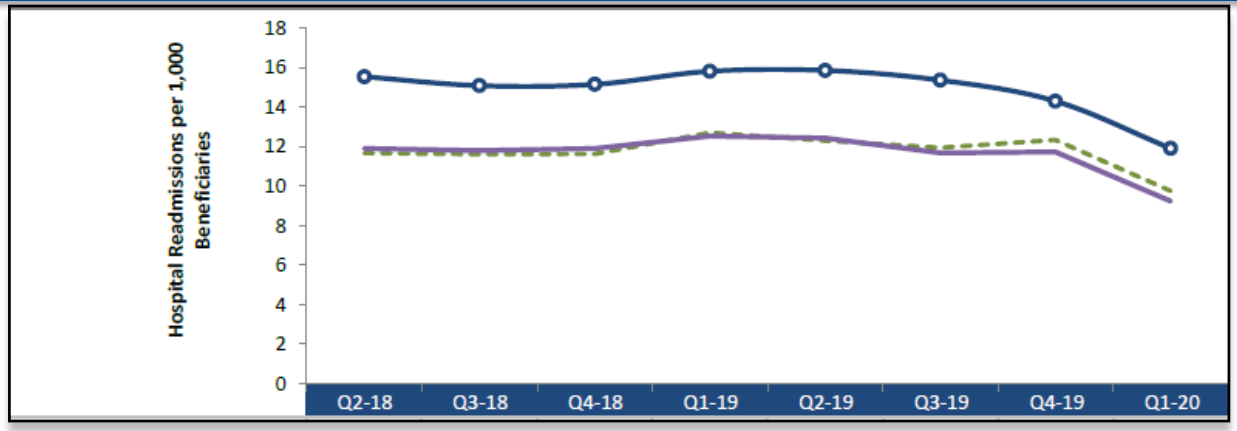
Data Measurement Impacts

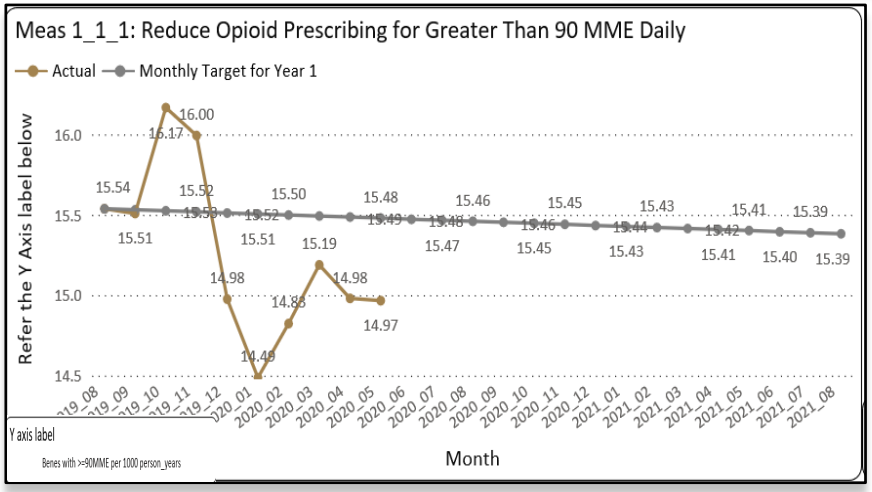
- Increased patient & staff satisfaction
- Increased productivity
- Increased profits
- Increased market share
- Decreased costs

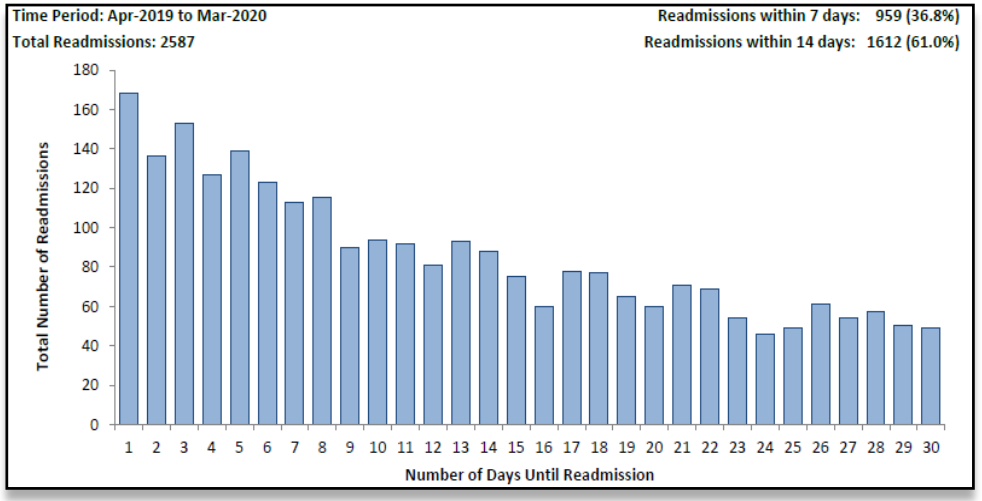
Investigate the Care Producing the Outcome

- Review and analyze the care currently be given to patients
- Target the care that is producing the outcome
- Important to not draw conclusions prior to investigation; important to investigate the care provision
- Involve direct care staff in process
- Focus on process of care to avoid blaming

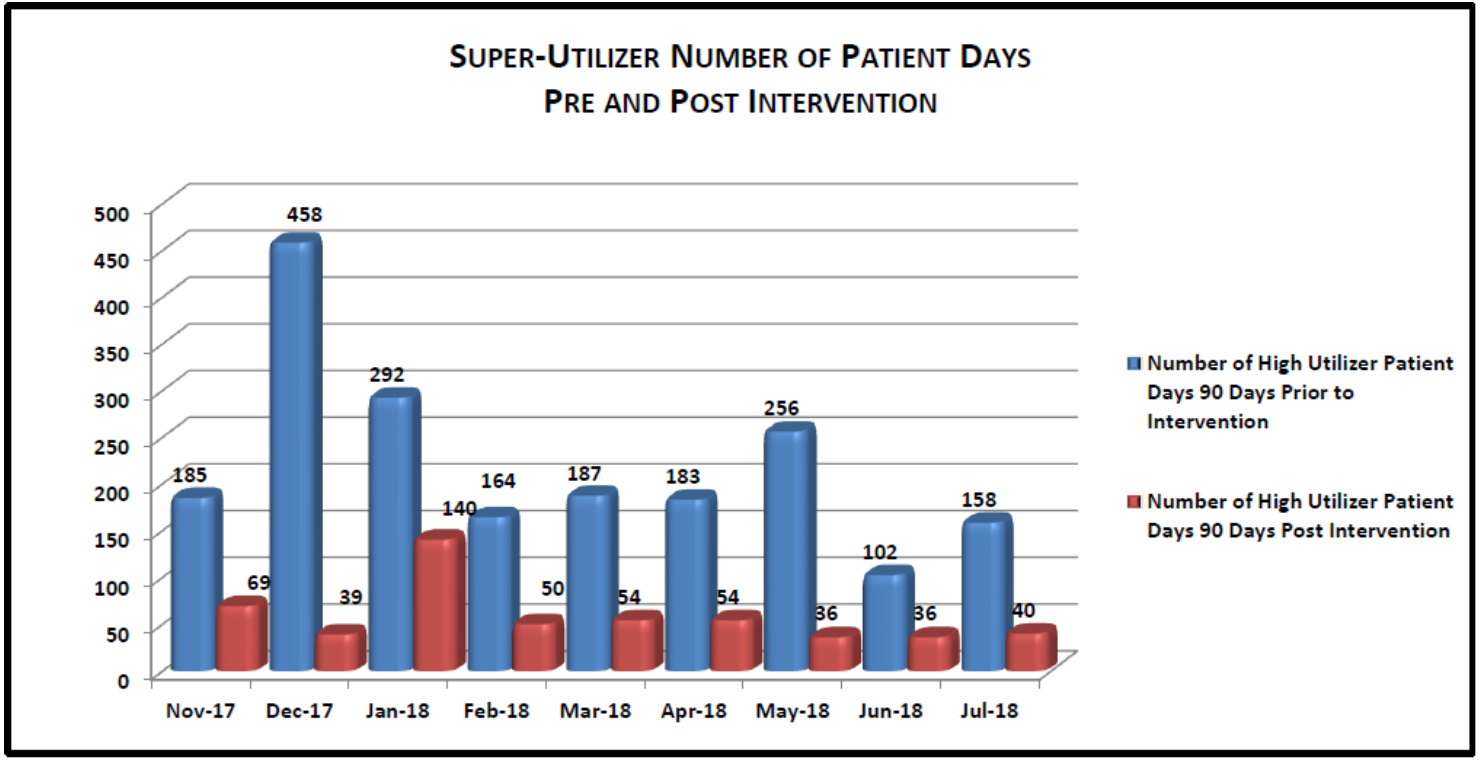
Data Trend Reports

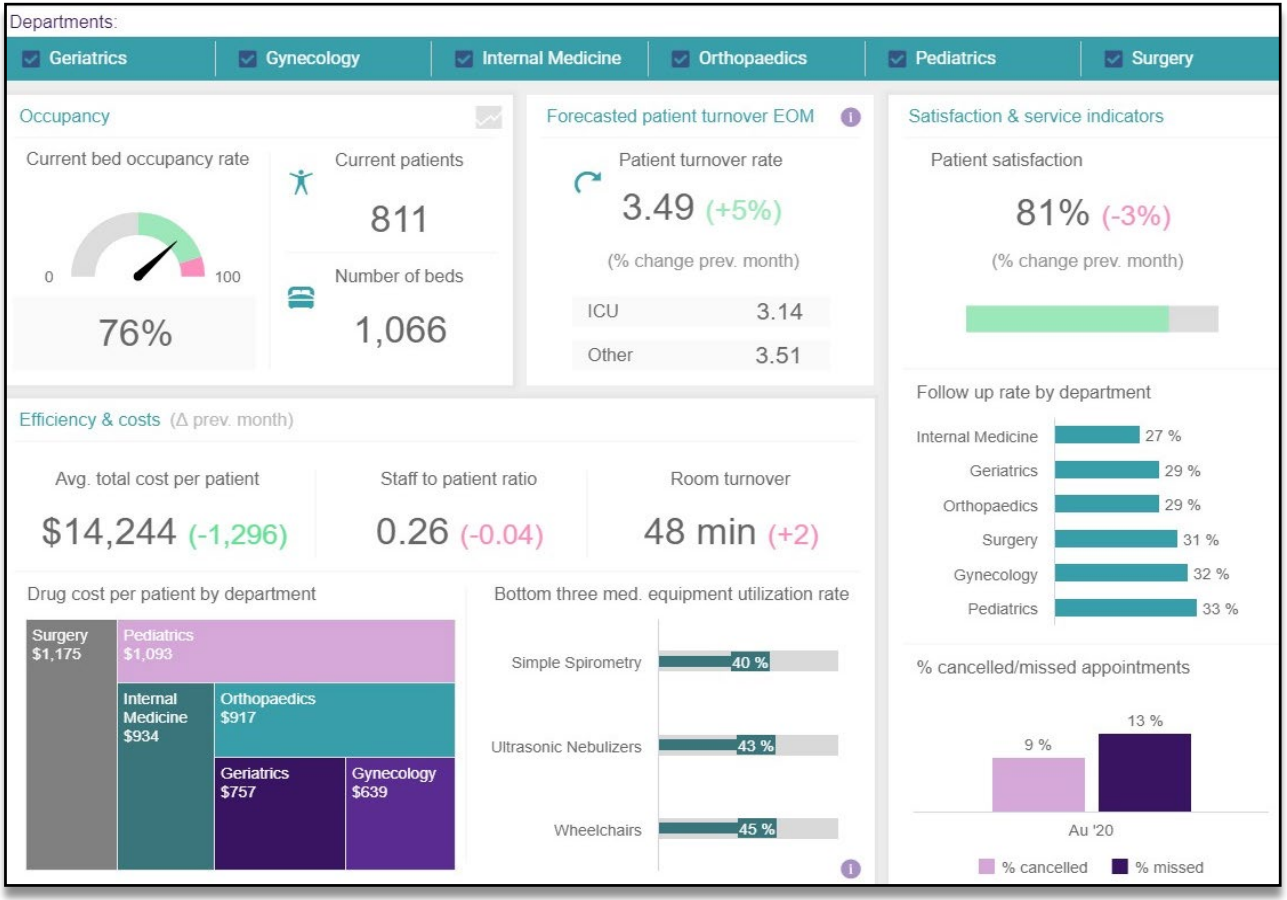






Comparison Trends



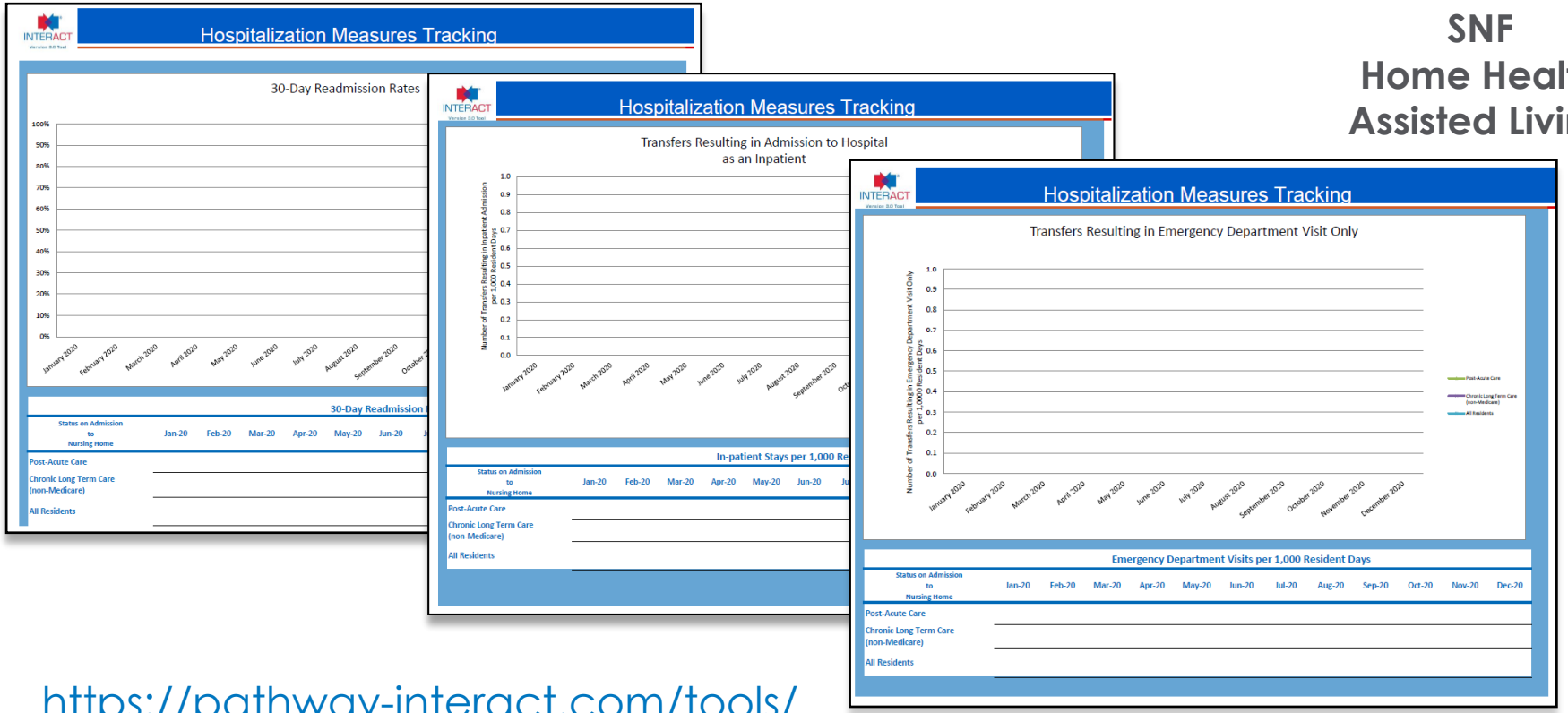


Data Dashboards

Quality Report Cards

Nursing Home Quality Report Card: Measurement Period Q3 2019 through Q3 2020										
Quality Measures	Description	State Rate	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2010	Q2 2021
Readmission Rate-Short Term Care	Percentage of all new admissions/readmissions to NH from hospital where resident was readmitted to hospital inpatient or observation stay within 30 days.									
Length of Stay	Average length of stay of short-term resident									
Incidence of major Falls-Long Stay	Percent of residents experiencing one or major falls with injury (long-stay)									
Patient Satisfaction	Tool used									
	Satisfaction Score									
Improvement in functional status-short stay	Percentage of short stay residents whose independence in 3 mobility functions (i.e., transfer, locomotion, walking) increases over the course of NH episode. (Denominator/numerators include all NH residents 100 days of fewer as of the end of the target period (Quarterly).									
Number of ED transfers	Percentage of all new admissions/readmissions to NH from hospital where resident had an ED visit (not resulting in admission) within 30 days of entry or re-entry of NH.									
Percentage of short-stay residents successfully discharged into the community	The percentage of all new admissions from hospital to NH who were discharged 100 days or less and for subsequent 30 days did not die, was not admitted to hospital for unplanned visit, or readmitted to NH.									
Cost of Care	The most recent "risk-adjusted total average cost-of-care" as determined by Medicare Spending Beneficiary Report (MSBR) Facility Level-CASPER									
Quality Composite Score	Most recent Quality Composite Score									
CMS Medicare Star Rating	Most recent star rating									
Referral Rate	Percentage of referrals accepted from hospital									
Nursing Staff Ratio	Total nursing hours per resident day (RN, LPN, Nurse Aide)									
RHIO connection	Connected to RHIO? Y/N									
Networking Capability	Telemedicine Y/N									
	Uploading capability to RHIO Y/N									
NP on site	Nurse Practitioner on site: Y/N									
Electronic Health Record (EHR)	Do you have an EHR? Y/N									
Coalition meeting participation	Regularly attends coalition meetings and participates in readmission reduction initiatives. (Y/N)									
Shared Data with hospital	NH shares data with hospital for performance improvement efforts and Quality Improvement (Y/N)									
Updated capabilities list, special services	NH has an updated capabilities list w/ special services (Y/N)									

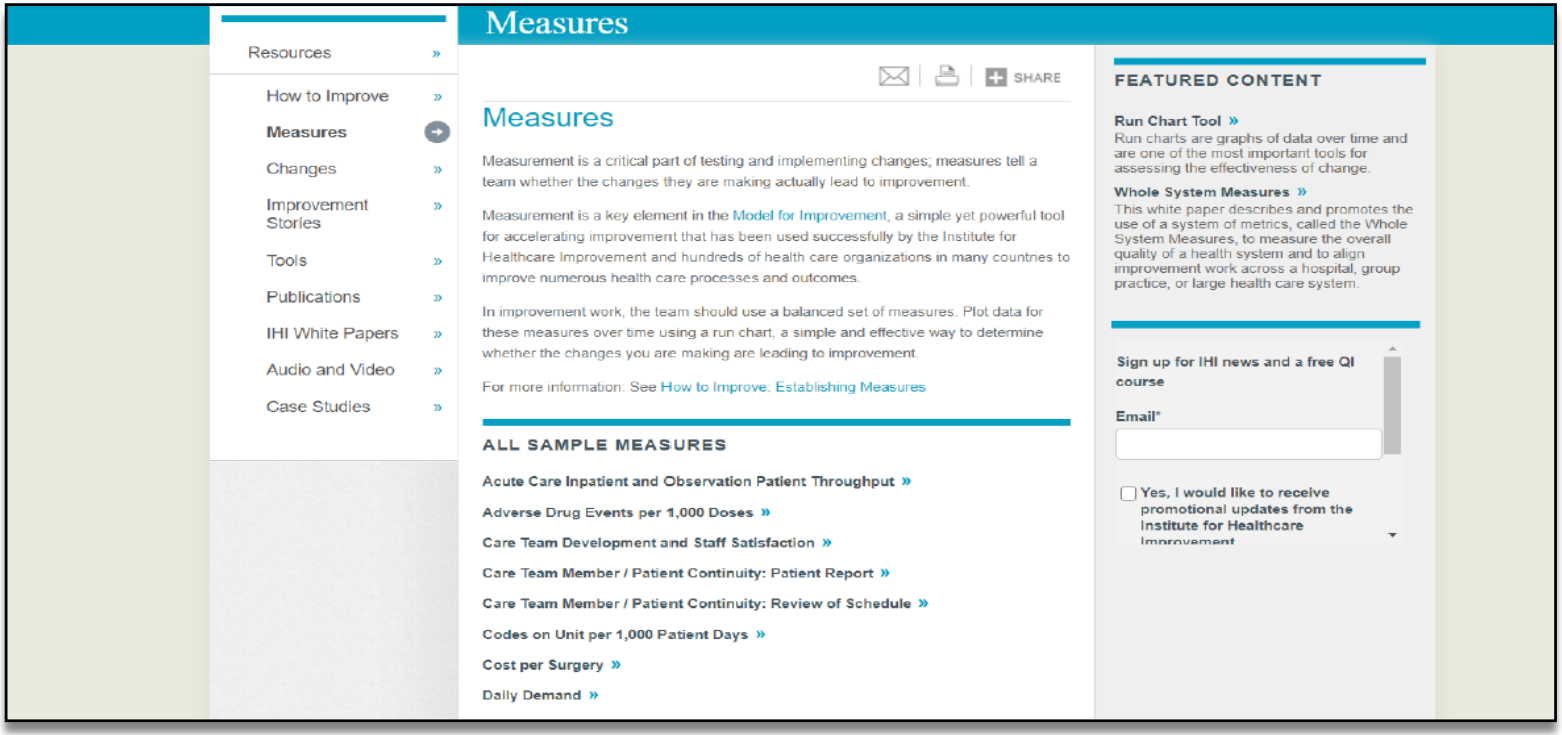
Interventions to Reduce Acute Care Transfers - INTERACT



SNF
Home Health
Assisted Living

https://pathway-interact.com/tools/

Institute for Healthcare Improvement



http://www.ihi.org/resources/Pages/Measures/default.aspx

Guest Speakers

Renee Dutcher, MSW LCSW

Program Manager

Currently serves as a Program Manager in Services for Adults at the Mecklenburg County Dept of Social Services in Charlotte, NC.

Programs with in her area target Seniors and adults with disabilities who need assistance to remain in their home and live independently. These programs include in-home aide, Adult Day Care, home delivered meals, payee services, Consumer Directed Services, and Care Transitions. Her area also supports caregivers who are caring for a loved one with Alzheimer's and other dementias, as well as physical impairment, by offered Respite services and supplies. Renee lives with her 2 children, who are all getting on each other's nerves these days, but all grateful to have been COVID-free.

Renee Dutcher

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Program Manager, Mecklenburg County Government (DDS)

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Hillary Kaylor, CIRS-A/D

Regional Ombudsman

Hillary Kaylor is the Long Term Care Regional Ombudsman for Mecklenburg County Nursing homes. She has been with the Area Agency on Aging for the past 19 years and worked in several counties within their nine county region. She is actively involved in many Coalitions locally and for the state including the NC Culture Change Coalition, and the Charlotte Mecklenburg Aging Coalition. She is currently the co-chair for the NC Ombudsman Association. She also serves on the Leadership Board for Consumer Voice in Washington, DC . Previously, she had worked mainly as a Social Worker in Long Term Care facilities throughout the spectrum of Independent living, Assisted Living and Nursing Homes. Hillary is a mother of two teenage girls and has been married for 19 years.

Hillary Kaylor

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Regional Ombudsman for Mecklenburg County

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Complete this sentence in Chat: *I will…*

CMS 12th SOW Goals

Behavioral Health Outcomes & Opioid Misuse

- ✓ Promote opioid best practices
- ✓ Decrease high dose opioid prescribing and opioid adverse events in all settings
- ✓ Increase access to behavioral health services

Patient Safety

- ✓ Reduce risky medication combinations
- ✓ Reduce adverse drug events
- ✓ Reduce C. diff in all settings

Chronic Disease Self-Management

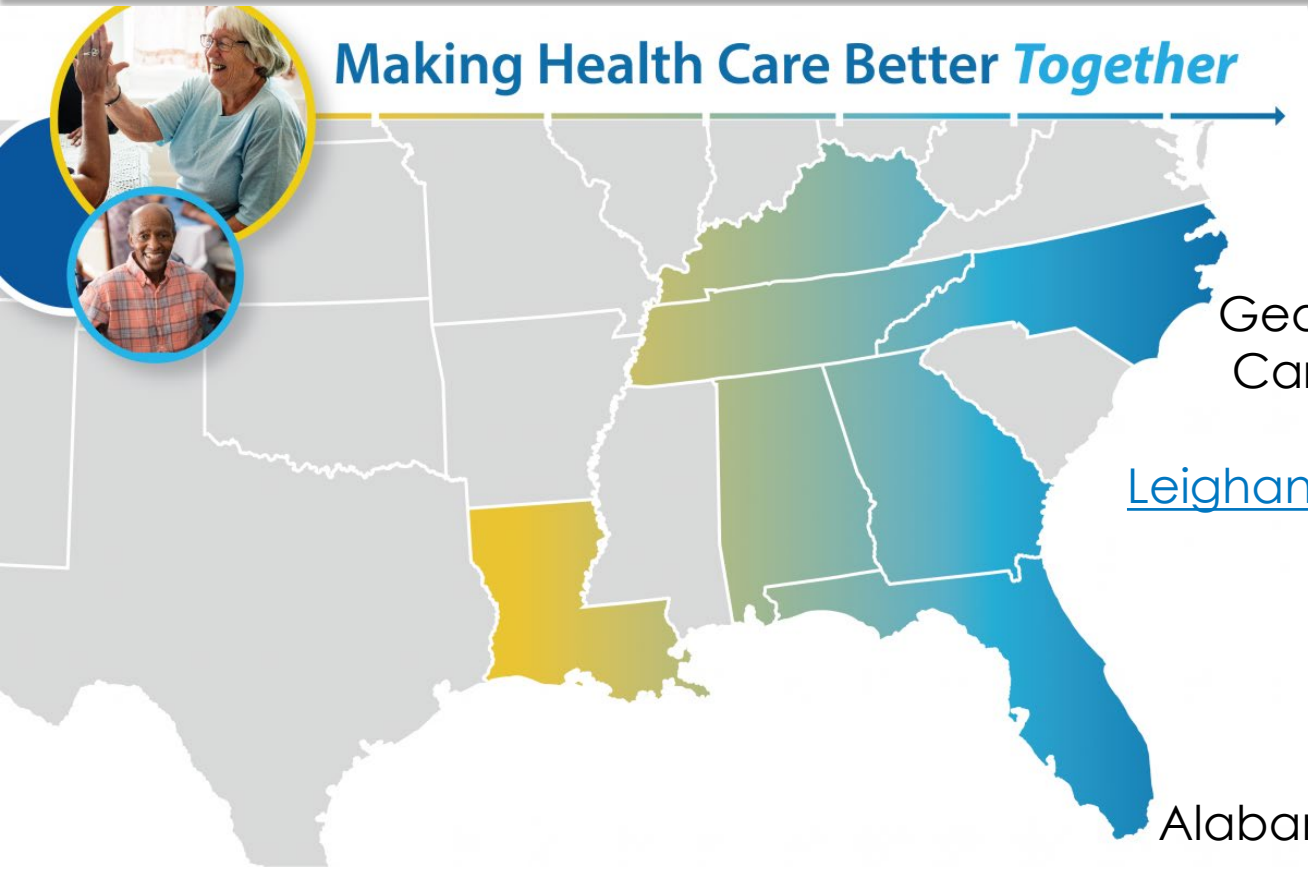
- ✓ Increase performance on ABCS clinical quality measures (i.e., aspirin use, blood pressure control, cholesterol management, cardiac rehab)
- ✓ Identify patients at high-risk for developing kidney disease & improve outcomes
- ✓ Identify patients at high risk for diabetes-related complications & improve outcomes

Quality of Care Transitions

- ✓ Convene community coalitions
- ✓ Identify and promote optical care for super utilizers
- ✓ Reduce community-based adverse drug events

Nursing Home Quality

- ✓ Improve the mean total quality score
- ✓ Develop national baselines for healthcare related infections in nursing homes
- ✓ Reduce emergency department visits and readmissions of short stay residents



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Upcoming Events

Learning and Action Webinars

Nursing Homes Tuesdays, 2pm ET/1pm CT	Community Coalitions Thursdays, 12:30 pm ET/11:30am CT
January 19th 2021: Avoiding the Medicare Readmissions Penalty	January 28th 2020: Put a Little Love in Your Heart… ❤ Strategies for Reducing Hospital/ED Visits for COPD Patients

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