

HOW TO WORK WITH YOUR STAFF UNDER A CHANGING REGULATORY ENVIRONMENT

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WHO'S ON FIRST?

- Alphabet Soup – VBP, QRP, PDPM, QAPI, CMI, ICD-10, COPs....did I miss anything?
- “Its all Greek to Me....or is it” – maybe we should be thinking, its all **“GREEN”** to me
- Seeing the Forest for the Trees – the reality is, \$\$\$ is at the heart of much of what is going on



PAUL HARVEY: NOW FOR THE REST OF THE STORY

- 73% of all SNFs are experiencing readmission penalties under VBP (reduction in Medicare payments).
- QRP penalties forthcoming in October for FY 2020 (2%) – “SNFs, *do you know where your Medicare dollars are going?*”
- **It’s In the Stars!** – Have yours been falling (especially your staffing stars)?



TAKING STOCK AND MAKING SENSE OF IT ALL: SURVEY

- The new survey process is an enhanced version of QIS – the Quality Information Survey.
- Surveyors begin by looking at quality indicators and demographic data.
- Your data reviewed in the Survey Office frames to a large extent, how surveyors approach issues, their focus, their initial tasks and because surveyors are human (DNA tests prove it), their frame of reference/mindset.
- Your facility assessment should be principally, a playbook review for survey. You have analyzed your data, addressed your resident needs, assessed staff competencies AND, built QAPI projects to address your weak areas.



TAKING STOCK AND MAKING SENSE OF IT ALL: MARKETING

- Your data tells a story....good or bad. What does your facility data say to the marketplace?
- Data separates facilities by performance. It levers reputation and minimizes or makes less relevant, facility issues such as location, age of physical plant, cosmetics, etc.
- Data is important to other providers in the “food chain”. It is important to hospitals and to post-discharge providers such as Home Health Agencies. Better performers have partners that want to do business with them.
- Data creates opportunity: Narrow networks, ACOs, Bundles, Med Advantage contracts

TAKING STOCK AND MAKING SENSE OF IT ALL: PAYMENT

- Medicare VBP and QRP offer incentive or penalty for poor performance. Your data tells you where you fall.
- PDPM – what has your data told you so far about how PDPM will impact your facility....
- Length of stay and efficiency....do you know how your length of stay, by diagnosis and your cost per Medicare beneficiary compare in your market? These data points get you incentive opportunities in risk-sharing bundles.
- ***It's not what you make, it's what you keep*** – what do your numbers tell you about how efficient you are in your care delivery (including hidden costs that lie in care transitions).



TAKING STOCK AND MAKING SENSE OF IT ALL: RISK MANAGEMENT AND OTHER STUFF

- Your Stars tell a story of risk....How good are you?
- Risk today = \$\$\$\$\$
- Survey history and quality data impact insurance premiums and in some cases, insurability options
- Survey history and quality data impact lending/financing decisions – your performance is being underwritten
- Your survey history and quality data impact your appearance to Plaintiff’s attorneys. Better performers – less litigation risk.

CMS FIVE STAR

- Not CMS Nursing Home Compare – YOUR FACILITY REPORT...Example:
<http://data.leadingageny.org/index.cfm/r/?u=B82A63B7-BF29-4361-B61D-432E1E793D0E&w=p>
- Your trend report – Example:
<https://data.leadingageny.org/r/?traction=r:nf.o&u=19462b29-7644-4947-8f7b-c6f11931f85d&w=p>
- Now, CMS Nursing Home Compare – where is your facility in your region rated?
<https://www.medicare.gov/nursinghomecompare/search.html?>

BENCHMARKING AND DATA AGGREGATION

- Data Aggregation and Improved Analysis - <http://www.qualityapex.com/>
- Benchmarking Engine - <https://www.benchmine.com/>
- Benefits ? Both give providers the ability to see more current results and to interpret their data. Benchmarking provides insight into competitive areas – how do we improve in comparison to our peers. Where do we lag and where do we shine.

AN INSIGHT FROM BENCHMARK/ONLYBOTH.COM

- [Larksfeld Place in Wichita, KS](#) is the only one of 337 nursing homes in Kansas which has a 5-star rating in each of overall, health inspection, quality measures, long-stay quality measures, short-stay quality measures, staffing, and registered-nurse staffing (these 7 are all there are). Nationwide there are 69 such nursing homes.

LET'S TAKE A PEEK....

- Who would like to take and adventure into their facility performance?
- We will explore together;
 - Stars
 - Rankings
 - Opportunities for Improvement
 - Successes!



TRACKING YOUR OWN DATA: QAPI

- QAPI dashboard - your key metrics are here
- QAPI plans – improvement projects targeted at specific issues/areas of concern
- CASPER – flags in certain areas?
- Five Star Quality Measures – Part of your QAPI programs
- Tangible measures: Length of Stay, disease states, drug utilization (opioids, anti-biotics, PRNs, psychoactive meds), hospitalizations and care transitions (ER, etc.)



IMPROVEMENT AND DATA: CARE

- Trend your QMs....where is there room for improvement
- What are your survey risk areas? Your data tells you and the SURVEYORS
- Focus on the areas that are deficient – QAPI projects are key to improvement
- Some things really matter: care transitions/hospitalizations, infections/infection control, drugs, falls/safety – each are big risk areas for SURVEY

IMPROVEMENT AND DATA: MARKETING

- “Sell” your data...are your results brag-worthy?
- Market your performance to your referral sources...what are you “best in class at”
- Market to your employees and to your recruits
- Market to your residents and families – create newsworthy chatter
- Social media – Facebook is great for your data
- Advertise – does your data paint a picture for all to see
- Brag – can your data create “news” – awards, recognition, stories, etc.

IMPROVEMENT AND DATA: YOUR STAFF

- What does your data tell you about ways to be more efficient, ways to improve?
- How are you staffing today? Is your focus on staff per patient ratios or on acuity and care needs?
- Does your facility survey correspond to your staff competencies and training programs?
- Are you measuring and communicating risk areas to staff (falls, infections, care transitions, medication use)?
- Are your staff engaged in your QAPI process?

WHAT DOES STAFF NEED TO KNOW AND WHY?

- Your Star ratings – the Quality Measures and Survey results are a concise report card.
- Where the facility ranks compared to others in the area.
- What key measurement components matter (e.g., hospitalizations), length of stay, patient safety (falls), infections and antibiotic use.
- What your QAPI program is and how they can be involved.



FIVE KEY STRATEGIES TO IMPROVE STAFF COMPETENCE: NUMBER ONE

- **Use your facility assessment to identify;**
 - Patient population and acuity (Roster Matrix)
 - Use your Quality Measures to identify risk areas (falls, infections, etc.)
 - Use a QAPI plan to create an improvement approach with education and defined competencies
 - Educate in small “circles” ...information, application, test, evaluate

FIVE KEY STRATEGIES...NUMBER TWO

- **Make Your QAPI Work**

- Meet Monthly
- Meet on a small clinical review level, weekly
- Make stuff measurable and reportable
- Focus on what matters – fall, infection rates, antibiotic use, psychoactive med use, call light response times, etc.
- Target your big issues
- Engage all staff in the process and leadership!

FIVE KEY STRATEGIES...NUMBER THREE

- **Implement Best Practice**

- Use pathways and algorithms
- Audits are a necessity
- Spend a little money on a Mock Survey
- Grab education and tools (I have some for you today)
- Research the best and ask them for insights
- Journal Club, lunch and learns, involve your partners
- Work across organizations and with others

FIVE KEY STRATEGIES...NUMBER FOUR

- **Focus on Simple**

- Don't talk VBP, talk re-hospitalization and education and avoidable events, Staff don't care about VBP but they will care about re-hospitalization rates
- Don't talk about antibiotic stewardship – talk infection control and best practices (e.g., stop doing UAs)
- Over-educate, under-explain – push things to the point of care
- Put CNAs in the loop and in-the-mix
- Understand the power of reinforcement and constant reward

FIVE KEY STRATEGIES...NUMBER FIVE

- **Behavioral Influences Work Best**

- Sorry leaders, want better results, show better behavior. No patients exist in your office.
- Evangelize: Talk and reinforce patient care and quality
- Reward: Team and individual
- Accountability: Discipline, team and individual
- Set a high expectation – don't dumb it down, don't tolerate excuses or poor outcomes
- Develop an investment plan - \$\$\$ are necessary but not big \$\$\$.

MINER, GRINDER OR FINDER?

- Be the Miner ---- Go find the data and mine the results
- The Tools: Here's a few



WE ARE JUST ABOUT HOME



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- **Tools for You:** QAPI dashboard, QAPI plan template, analysis of unplanned hospitalizations, QA incident report, QA hospitalizations, estimated length of stay analysis – **go to rhislop3.com and get downloads from the Wisconsin DON Council page!**
 - San Diego: Catch me again at LeadingAge Annual Meeting and Conference....A new presentation: ***“An Ethical Journey: Exploring the Intersection of Compliance and Care”***
 - Feel free to email questions, etc. at rhislop@h2healthllc.com

THANK-YOU!