



NSGO Quality Improvement (QI) Program Proposal

Utah Health Care Association

Spring Conference

April 10, 2017

Presented by:

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QI Program

Pending Approval

The following are concepts
that the Division is reviewing

As outlined in number twelve (12) of the NSGO UPL Contract.

NF NSGO UPL QI Program



Developed using:

(1) industry recommendations

- Hospital Readmissions
- Falls
- Off Label Anti-Psychotic Drug Use
- Pain Management
- Infection Control
- Staff Retention
- Decubitus Ulcers
- Behavioral Awareness and Training
- Risk Management
- End of Life Quality of Care issues

NF NSGO UPL QI Program



Developed using:

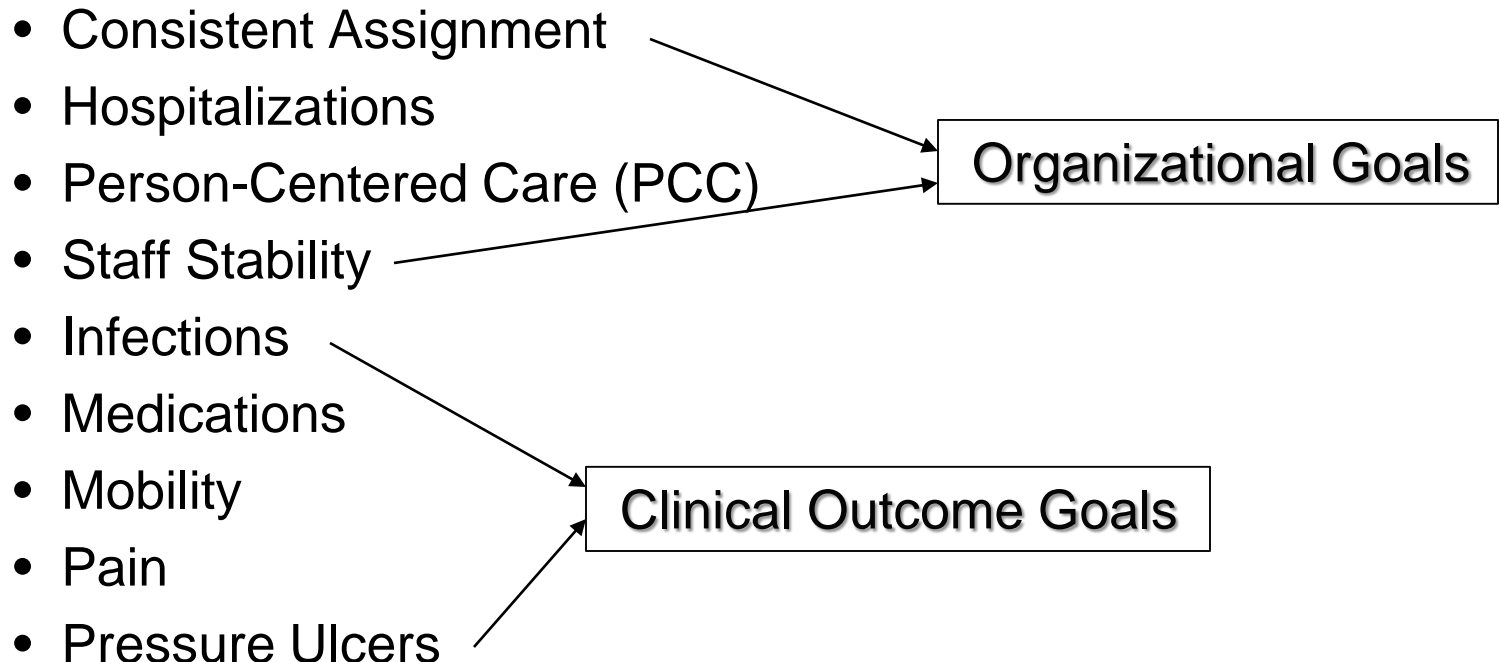
(2) Code of Federal Regulations (CFR) and Utah Administrative Code (UAC)

- 42 CFR § 483.24
- 42 CFR § 483.10
- 42 CFR § 483.25
- UAC R432-150

NF NSGO UPL QI Program

Developed using:

(3) National Nursing Home Quality Improvement Campaign goals (CMS established program found at www.nhqualitycampaign.org)



NF NSGO UPL QI Program



Each NSGO UPL Program shall be required to select three (one required, two optional) programs from the list.

Think about what programs would best meet the needs of your facility(s) and residents, not necessarily the easiest or most convenient.

Program application forms will be made available (via Medicaid website or Google Forms) and shall be submitted to the department prior to initiating a QI program.

NF NSGO UPL QI Program



UTAH MEDICAID NON-STATE GOVERNMENT OWNED
Federal Fiscal Year 2018
QUALITY IMPROVEMENT PROGRAM APPLICATION
Rule R414-505-??

This form and all supporting documentation must be postmarked or faxed by September 1, 2017

Facility Name:

Medicaid Provider I.D.

Administrator:

In accordance with R 514-505-? And 4.19-D, The CONTRACTOR "Department of Health" (DOH) shall implement a quality improvement program, which shall be set forth in the Utah Administrative Code, including any amendments.

Each Non-State Government Owned (NSGO) Nursing Care Facility (NF) participating in the Upper Payment Limit (UPL) program shall participate in the Arise, Bath, Eat, Snack, and Sleep (ABESS) quality improvement (QI) program. Each NSGO NF shall choose two (2) additional QI programs to complete during the federal fiscal year beginning October 1, 2107 and ending September 30, 2018 (FY2018).

NF NSGO UPL QI Program



Please indicate the desired Quality Improvement (QI) Programs in which [name of facility] will participate for FY2018.

- One-On-One Activity Program
(Requires annual resident activity interest survey, plan of care, and monthly activity tracking.)
- Range of Motion (ROM) Program
(Requires quarterly resident ROM assessment and if needed, plan of care.)
- Consistent Assignment Program
(Requires weekly Nurse and Aid schedule/tracking.)
- Mobility and Exercise (ME) Program
(Requires semi-annual mobility or exercise survey and one-step command survey, and either mobility plan of care and tracking, or exercise plan of care and tracking.)

[name of facility] will document participation in the selected programs using:

- Facility provided documentation.
(Provide sample documentation for selected programs.)
- Documentation provided by the DOH. (<https://www.health.utah.gov/stplan/QI.....>)

By submitting this application I agree to comply with the selected QI programs and will ensure the necessary documentation to verify participation as detailed in R514-505-??

Administrator Signature: _____ Date: _____

NF NSGO UPL QI Program



The goal is to begin the program October 1, 2017.

We are seeking input from the NSGOs.

The detailed documentation for these programs can be facility specific or from the Medicaid website.

NF NSGO UPL QI Program



- Proposed Program #1 (Mandatory)
 - Arise, Bath, Eat, Snack and Sleep (ABESS)
 - This is a Patient-Centered Care and Consistent Assignment initiative with extensive focus on resident preference.
 - Supported by 42 CFR § 483.25, 483.24(b), 483.10(f)(1) and UAC R432-150-24(1)
 - Surveys shall be completed for each resident asking about specific “arise”, “bathing”, “eating”, “snack” and “sleep” times.
 - The surveys shall ask each resident about rituals and preferences for these items (i.e. lights on/off to sleep, music on/off to sleep, an alarm clock to arise, shower/bath preference for bathing, etc.).
 - In addition, each facility shall develop a ninety (90) minute “open dining” option for each meal based on resident surveys allowing the residents to dine anytime during the “open dining” time.

NF NSGO UPL QI Program



- Proposed Program #1 (Mandatory)
 - Arise, Bath, Eat, Snack and Sleep (ABESS)

Preferred Time to Arise Survey			
Arise		Morning Rituals	
I prefer to arise:		I prefer the following morning rituals:	
<input type="checkbox"/> Prior to 6:00 AM		<input type="checkbox"/> I wake up on my own	
<input type="checkbox"/> Between 6:00 and 7:00 AM		<input type="checkbox"/> Have staff wake me	
<input type="checkbox"/> Between 7:00 and 8:00 AM		<input type="checkbox"/> I use an alarm clock	
<input type="checkbox"/> Between 8:00 and 9:00 AM		<input type="checkbox"/> Other:	
<input type="checkbox"/> Between 9:00 and 10:00 AM		Comments:	
<input type="checkbox"/> Between 10:00 and 11:00 AM			
<input type="checkbox"/> Between 11:00 AM and 12:00 PM			
<input type="checkbox"/> Other:			
Resident:		Room:	Hall:
Date:		Surveyor or discipline:	

NF NSGO UPL QI Program



- Proposed Program #1 (Mandatory)
 - Arise, Bath, Eat, Snack and Sleep (ABESS)

Meal Time Survey		
Breakfast	Lunch	Dinner
I prefer breakfast between the hours of:	I prefer lunch between the hours of:	I prefer dinner between the hours of:
<input type="checkbox"/> 7:00 - 8:00 AM	<input type="checkbox"/> 11:00 AM - 12:00 PM	<input type="checkbox"/> 4:30 - 5:30 PM
<input type="checkbox"/> 7:30 - 8:30 AM	<input type="checkbox"/> 11:30 AM - 12:30 PM	<input type="checkbox"/> 5:00 - 6:00 PM
<input type="checkbox"/> 8:00 - 9:00 AM	<input type="checkbox"/> 12:00 - 1:00 PM	<input type="checkbox"/> 5:30 - 6:30 PM
<input type="checkbox"/> 8:30 - 9:30 AM	<input type="checkbox"/> 12:30 - 1:30 PM	<input type="checkbox"/> 6:00 - 7:00 PM
<input type="checkbox"/> 9:00 - 10:00 AM	<input type="checkbox"/> 1:00 - 2:00 PM	<input type="checkbox"/> 6:30 - 7:30 PM
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
Resident:	Room:	Hall:
Date:	Surveyor discipline:	

This is for example purposes only

NF NSGO UPL QI Program



- Proposed Program #1 (Mandatory)

Preferred Snack Survey			
Snack Time(s) Preferred		Beverages Preferred	
I prefer snacks during the		I prefer the following beverage(s):	
<input type="checkbox"/> 6:00 - 7:00 AM		<input type="checkbox"/> Water	<input type="checkbox"/> Fruits
<input type="checkbox"/> 7:00 - 8:00 AM		<input type="checkbox"/> Soda	<input type="checkbox"/> Vegetables
<input type="checkbox"/> 8:00 - 9:00 AM		<input type="checkbox"/> Smoothie	<input type="checkbox"/> Nuts
<input type="checkbox"/> 9:00 - 10:00 AM		<input type="checkbox"/> Supplement/Protein	<input type="checkbox"/> Baked goods
<input type="checkbox"/> 10:00 - 11:00 AM		<input type="checkbox"/> Coffee	<input type="checkbox"/> Dairy
<input type="checkbox"/> 11:00 AM - 12:00 PM		<input type="checkbox"/> Tea	<input type="checkbox"/> Bread
<input type="checkbox"/> 12:00 - 1:00 PM		<input type="checkbox"/> Hot Cocoa	<input type="checkbox"/> Crackers
<input type="checkbox"/> 1:00 - 2:00 PM		<input type="checkbox"/> Milk	<input type="checkbox"/> Meat/protein
<input type="checkbox"/> 2:00 - 3:00 PM		<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> 3:00 - 4:00 PM		Does the resident require use of a dining assistant?	
<input type="checkbox"/> 4:00 - 5:00 PM		Dietary restrictions:	
<input type="checkbox"/> 5:00 - 6:00 PM			
<input type="checkbox"/> 6:00 - 7:00 PM			
<input type="checkbox"/> 7:00 - 8:00 PM			
<input type="checkbox"/> 8:00 - 9:00 PM		Date:	Surveyor discipline:
<input type="checkbox"/> 9:00 - 10:00 PM		Resident:	Room: Hall:

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NF NSGO UPL QI Program



- Proposed Program #2 (Optional)
 - One-on-One Activity
 - This is a Patient-Centered Care and Consistent Assignment initiative focusing on resident choice for activities performed by a “qualified professional” as outlined in 42 CFR § 483.24(c)(2).
 - Supported by 42 CFR § 483.24(c)(1), 483.10(f)(1) and UAC R432-150-24(1)
 - An “Activity Interest” survey shall be completed for each resident asking about specific activity interests, times to engage in a activity(s) and days of the week preferred to engage in activity(s). An activity plan of care (POC) shall be developed for each resident based on the survey and the level of importance of the activities to the resident.
 - A thirty (30) minute one-on-one activity shall be offered each month by a “qualified professional” for each resident.
 - The “qualified professional” performing the activity shall document the activity performed, the goals of the activity and what the activity promoted.

NF NSGO UPL QI Program



- Proposed Program #2

(Optional)

One-on-
One Activity

		Date:	Time:	
Recreational Activities:		Physical/Exercise Activities:		Arts & Crafts:
<input type="checkbox"/> Board games		<input type="checkbox"/> Walking	<input type="checkbox"/> Painting	
<input type="checkbox"/> Card games		<input type="checkbox"/> Dancing	<input type="checkbox"/> Drawing	
<input type="checkbox"/> Computer games		<input type="checkbox"/> Gardening	<input type="checkbox"/> Sewing/knitting/crochet	
<input type="checkbox"/> Other:		<input type="checkbox"/> Yoga/tai-chi, etc.	<input type="checkbox"/> Scrapbooking	
Specify:		<input type="checkbox"/> Seated cardio/aerobics	<input type="checkbox"/> Collecting	
		<input type="checkbox"/> Massage	<input type="checkbox"/> Quilting	
Educational Activities:		<input type="checkbox"/> Active virtual gaming	<input type="checkbox"/> Photography	
<input type="checkbox"/> Computer		<input type="checkbox"/> Strength training	<input type="checkbox"/> Cooking	
<input type="checkbox"/> Cultural exploration		<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	
<input type="checkbox"/> Science		Specify:	Specify:	
<input type="checkbox"/> Politics				
<input type="checkbox"/> History		Additional Activities not mentioned:		
<input type="checkbox"/> Finance				
<input type="checkbox"/> Other:				
Specify:				
What time of the day is the resident most likely to participate and engage in a one-on-one activity?			What day(s) of the week is the resident most likely to participate?	
<input type="checkbox"/> 8 - 10 AM	<input type="checkbox"/> 1 - 3 PM		<input type="checkbox"/> Monday	<input type="checkbox"/> Thursday
<input type="checkbox"/> 10 AM - 12 PM	<input type="checkbox"/> 3 - 5 PM		<input type="checkbox"/> Tuesday	<input type="checkbox"/> Friday
<input type="checkbox"/> Other time:			<input type="checkbox"/> Wednesday	<input type="checkbox"/> Sat/Sun
Resident:		Room:		Hall:

This is for example purposes only

NF NSGO UPL QI Program



- Proposed Program #2
One-on-One Activity

Activity Plan of Care Tracking		
Qualified activity professional:	Date of activity:	Time of activity:
Name of activity(s):		
Goal of activity:		
Activity promoted:		
Resident Response:		
Resident:	Room:	Hall:

Activity Plan of Care Development			
For all marked activity boxes, ask the resident to grade the importance of the activity to them.			
1 - Important but can't do	2 - Not important at all	3 - Not very important	
4 - Somewhat important	5 - Very Important		
Activity		Level of importance to the resident	
Recreational Activity(s):			
Other recreational activity not listed:			
Physical Activity(s):			
Other physical activity not listed:			
Arts & Crafts:			
Other art/craft activity not listed:			
Educational Activities:			
Other educational activity not listed:			
Additional activities not listed:			
List of resident chosen activities to be carried out by qualified activity professional:			
Activity	Goal (physical, mental and/or psychosocial well-being)	Promotes (self-esteem, pleasure, comfort, education, creativity, success and/or independence)	

This is for example purposes only

NF NSGO UPL QI Program



- Proposed Program #3 (Optional)
 - Range of Motion (ROM)
 - This is a Patient-Centered Care initiative focusing on resident mobility, reduction in decubitus ulcers and more effective pain management.
 - Supported by 42 CFR § 483.25(e)(1) and (2) and UAC 432-150-15(5)(a) and (b)
 - A “qualified clinician” shall perform a passive range of motion (PROM) and/or an active range of motion (AROM) assessment quarterly for each resident.
 - If a reduced ROM is found, the clinician shall complete a POC appropriate to return the ROM and function to the resident if possible.
 - The POC will be carried out by a “qualified clinician”.

NF NSGO UPL QI Program



- Proposed Program #3 (Optional)

Range of Motion (ROM) Assessment													
Range of Motion Upper Extremity							Range of Motion Lower Extremity						
Joint	Motion	R AROM	L AROM	L PROM	R PROM	Norm	Joint	Motion	R AROM	L AROM	R PROM	L PROM	Norm
shoulder	flexion					180	hip	flexion					120
	extension					60		extension					30
	scaption					180		abduction					45
	abduction					180		adduction					30
	in. rotation					70		in. rotation					45
	ex. rotation					90		ex. rotation					45
elbow	flexion					150	knee	flexion					135
	extension					0		extension					0
	pronation					70	ankle	dorsi flex.					20
	supination					85		plantar flex.					50
wrist	flexion					70		inversion					35
	extension					80		eversion					15
	radial dev.					20	Joints with limited ROM:						
	ulnar dev.					30	Joint	Motion restriction				Previous ROM	
thumb	C.M.C. abd.					70							
	M.P. flex					50							
	I.P. flex					80	Activity/Mobility limitations:						
	I.P. ext					0							
digits 2-5	MP flex					90	Resident POC:						
	MP ext					0	Goal:						
	PIP flex					90	Clinician:						
	PIP ext					0	Date:						
	DIP flex					90							
	DIP ext					10							
Resident:				Room:				Hall:					

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NF NSGO UPL QI Program



- Proposed Program #4 (Optional)
 - Consistent Assignment (CA)
 - This is a Consistent Assignment initiative focusing on increasing staff relationships, response to resident needs and detection of resident clinical problems.
 - Supported by 42 CFR § 483.24(a) and 483.10(f)(1)
 - Each resident shall be afforded consistent nurses and Certified Nursing Assistants (C.N.A.) providing care and assistance.
 - The facility shall provide the same C.N.A for four (4) days during a given Sunday through Saturday week for the resident.
 - The facility shall also provide the same nurse for four (4) days during a given Sunday through Saturday week for the same resident.
 - The C.N.A. and Nurse do not have to be assigned together on the same day(s) for the same resident.

NF NSGO UPL QI Program



- Proposed Program #4 (Optional)
 - Consistent Assignment (CA)

Nurse and Aid Tracking Sheet				
Date:	Day:		C.N.A.:	Nurse:
	Sunday			
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
	Saturday			
Resident:		Room:		Hall:
Additional notes:			Designated C.N.A.	Designated RN/LPN

This is for example purposes only

NF NSGO UPL QI Program



- Proposed Program #5 (Optional)
 - Mobility and Exercise (ME)
 - This is a Patient Centered Care and Mobility initiative focusing on increasing mobility, transfers and independence while reducing pressure ulcers and falls.
 - Supported by 42 CFR § 483.24(b)(2), 483.259c)(3) and UAC R432-150-15(1)(a)(ii) and (b)(ii).
 - Each resident shall be afforded a walking or exercise program based on scores from a mobility and exercise survey and level of safety.
 - Residents who qualify for a walking program shall complete a walking activity for five (5) days of a given seven (7) day week.
 - Residents who do not qualify for a walking program may qualify for an exercise program to be completed individually or in small groups twice (2) in a given seven (7) day week.

NF NSGO UPL QI Program



- Proposed Program #5 (Optional)
 - Mobility and Exercise

Mobility and Exercise (ME) Survey				
Instructions: Complete the Mobility Survey. If the resident scores 8 or higher and achieves a 1 on the One-Step Command Survey proceed to develop a mobility plan of care (POC) for the resident. If the resident scores below an 8, proceed to the Functional Limitation ROM Survey (question 5). If the resident achieves a 3 or higher and a 1 on the One-Step Command Survey proceed to develop an exercise POC for the resident. If the resident scores neither an 8 or higher on the Mobility Survey or a 3 or higher on the Functional Limitation ROM Survey, no further action is required. If the resident scores a 0 on the "One Step Command Survey" no further action is required.				
Mobility Survey		Sit-Stand Survey		Functional Limitation ROM Survey
1. Is the resident able to ambulate 50 feet? If yes move to question 2. If no, move to question 5.		3. Is the resident able to move from a sitting to a standing position? If no, move to question 5.		5. Does the resident have limitations with upper extremity range of motion (shoulder, elbow, wrist, hand)? If yes, indicate the severity. If no score a 3.
2. How independent is the resident while ambulating 50 feet?		4. How independent is the resident while completing a sit-stand?		6. Does the resident have limitations with lower extremity range of motion (hip, knee, ankle, foot)? If yes, indicate the severity. If no, score a 3.
Total Mobility Score:		0		
Mobility Scores				
0	unable to perform			
1	dependent (helper does all the effort)			
2	maximal assistance (helper does > 50% task)	Total ROM Score: 0		
3	moderate assistance (helper does < 50% task)	0 - significant impairment to both extremities		
4	touching assistance (helper provides cues or steadying)	1 - significant impairment to one extremity		
5	set-up (helper sets-up but provides no cues)	2 - mild impairment to one or both		
6	independent (resident completes task with no assist)	3 - little to no impairment to either extremity		
One-Step Command Survey				
Name	Object 1	Object 2	One-Step Command Score:	
1. What is your name? (first name only is acceptable)	2. What is this called? [hold a common object for the resident to identify. (phone, watch, etc.)]	3. What is this called? (hold a second common object for the resident to identify.)		
If the resident answers appropriately, move onto question 2. If not, mark a 0.	If the resident properly identifies the object move onto question 3. If not, mark a 0.	If the resident properly identifies this second object, mark a 1 for the score. If not, mark a 0.		
Surveyor:	Resident:	Date:	Room:	Hall:

This is for example purposes only

NF NSGO UPL QI Program



- Documentation Submission:
 - No later than October 31st for the previous Federal Fiscal Year (Oct 1 – Sep 30), each NF shall submit to the division the following:
 - the number of Medicaid residents with a stay of greater than fourteen (14) days during the year;
 - the number of surveys and, if applicable, POC's completed for each program;
 - the designated “open dining times”; and
 - the designated annual facility date to complete “open dining time” surveys.

(“QI compliance” forms will be provided for each program for annual submissions and when requested by the division for audit purposes.)

NF NSGO UPL QI Program



- Documentation Submission:

QI Compliance Form (ABESS)			
During the Fiscal Year/Audit the number of Medicaid residents who completed a "preferred time to arise survey".	number:	_____	
During the Fiscal Year/Audit the number of Medicaid residents who completed a "preferred bathing survey".	number:	_____	
During the Fiscal Year/Audit the number of Medicaid residents who completed a "meal time survey".	number:	_____	
What are the facility designated ninety (90) minute "open dining" times for each meal?	Breakfast	Lunch	Dinner
	_____	_____	_____
During the [Fiscal Year/Audit Period] the number of Medicaid residents who completed a "preferred snack survey".	number:	_____	
During the [Fiscal Year/Audit Period] the number of Medicaid residents who completed a "preferred bedtime survey".	number:	_____	
What is the facility designated date to complete annual "open dining" surveys? Date:	_____		

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NF NSGO UPL

QI Compliance Form (One-on-One Activity)

During the Fiscal Year/Audit the number of Medicaid residents who completed an "activity interest survey".

Your answer

During the Fiscal Year/Audit the number of Medicaid residents who completed an "activity plan of care".

Your answer

During the Fiscal Year/Audit the number of Medicaid residents who completed a "one-on-one" activity each month.

Your answer

During the Fiscal Year/Audit the number of Medicaid residents who refused participation in the "one-on-one" activity program.

Your answer

If more than five (5) percent of all Medicaid residents during the Fiscal Year/Audit who qualified for and desired participation in the activity program did not complete a monthly one-on-one activity, attach documentation (activity tracking sheets, documented refusals, etc.) describing the lack of participation to the program.

- Documentation Submission:

-Google Forms

-email: qii_dmhf@utah.gov

(using excel spreadsheets downloaded from website)

*****This is for example purposes only*****

NF NSGO UPL QI Program



- **Exceptions and Withholdings:**

- A facility is not required to complete the QI program surveys or programs for a resident who resides less than fourteen (14) days at the NF.
- There will be individual resident exceptions for all programs based on resident willingness or ability to participate (i.e. A resident who refuses the One-on-One Activity will continue to have the program offered semi-annually or when requested by the resident).
- A facility that is found to have greater than five (5) percent of its residents without completion of surveys and/or program participation in a given fiscal year shall [to be determined]
- The division may audit facilities to ensure compliance to the QI program.
- To assure compliance of a selected program(s) the Division may;
 - [To be determined]

Discussion

- Questions not previously covered
- Additional Suggestions
- Implementation (formalizing these programs) will follow standard Rule-making procedures.

Did I mention...



The NSGO QI Program
Pending Approval
These are concepts that the
Division is reviewing

NF NSGO UPL QI Program Feedback



Please send any feedback, suggestions or comments to:

Trent Brown

Bureau of Coverage and Reimbursement Policy

trentbrown@utah.gov