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Data Quality and Best Practices

Session 6

Nicole Fountas, MPH
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Laurie Hensley-Wojcieszyn, MHA, CPHQ, LSSGB
Chandana Das, MD, Geriatric Medicine

Session Schedule

Topics	Date	Link
1 - Transforming Nursing Home Care Together (TNT) Program - Introduction	Wednesday, July 6th, 10:00-11:00 am	Join using this link: https://lacpublichealth.webex.com/lacpublichealth/j.php?MTID=m4eb4f9c0019845cbbb6495fedf2acaa6.
2 - QI and QAPI Foundations	Wednesday, July 13th, 1:30-2:30 pm	
3 - QI and QAPI in Your Facility	Wednesday, July 20th, 1:30-2:30 pm	
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http://publichealth.lacounty.gov/acd/docs/TNTProgramSchedule.pdf

TNT Program Objectives

- Enhance quality improvement and quality assurance performance improvement (QAPI) at LA County SNFs by providing foundational quality improvement education across all roles in SNFs
- Empower SNF staff to initiate performance improvement projects (PIPs) and own QI in their facility
- Improve patient safety and clinical outcomes

Session 6 Objectives

- Overview of data submission requirements
- Best practices for data management
- Accessing and using NHSN

IMPACT Act of 2014

- Requires data to be standardized and exchangeable among post-acute and other providers.

- Goals
  - Improve outcomes of Medicare Beneficiaries by:
    - Shared decision making
    - Care coordination
    - Enhanced discharge planning

- Standardized Patient Assessment Data Elements (SPADEs)
  - Six Assessment Categories:
    - Functional Status
    - Cognitive function and mental status
    - Special services, treatments and interventions
    - Medical conditions and comorbidities
    - Impairments
    - Social Determinants of Health

Quality Measures for SNF Public Reporting[1,2]

MDS Assessment-Based Measures

1. Application of Percent of Long-Term Care Hospital Patients (LTCH) with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function (NQF #2631)
2. Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)
3. Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury
4. Drug Regimen Review Conducted with Follow-Up for Identified Issues – PAC SNF QRP
5. Application of IRF Functional Outcome Measure: Change in Self-Care (NQF #2633)
6. Application of IRF Functional Outcome Measure: Change in Mobility (NQF #2634)
7. Application of IRF Functional Outcome Measure: Discharge Self-Care Score (NQF #2635)
8. Application of IRF Functional Outcome Measure: Discharge Mobility Score (NQF #2636)
9. Transfer of Health Information to the Provider Post-Acute Care
10. Transfer of Health Information to the Patient Post-Acute Care

CDC NHSN

11. COVID-19 Vaccination Coverage among Healthcare Personnel (HCP)

NEW Influenza Vaccination Coverage among Healthcare Personnel (HCP) (Starts October 2022)

Medicare Fee-For-Service Claims-Based Measures

12. Medicare Spending Per Beneficiary (MSPB) – PAC SNF QRP
13. Discharge to Community (DTC) - Post Acute Care (PAC) SNF QRP
14. Potentially Preventable 30-Days Post-Discharge Readmission Measure (PPR) for SNF QRP
15. Skilled Nursing Facility Healthcare-Associated Infections (HAI) Requiring Hospitalization

1. SNF QRP and SPADEs Specification: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/Final-Specifications-for-SNF-QRP-Quality-Measures-and-SPADEs.pdf
2. Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Measures and Technical Information: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Measures-and-Technical-Information

How These Measures Were Determined

- Who Determines the Measures:
  - National Quality Forum (NQF) using the Consensus Development Process (CDP)
  - The NQF is funded by the U.S. Department of Health and Human Services

- The NQF supports the National Quality Strategy (NQS).
- Three broad aims for the NQS:
  - **Better Care:** Improve the overall quality by making health care more patient-centered, reliable, accessible, and safe
  - **Healthy People/Healthy Communities:** Improve the health of the U.S. population by supporting proven interventions to address behavioral, social, and environmental determinants of health in addition to delivering higher-quality care
  - **Affordable Care:** Reduce the cost of quality health care for individuals, families, employers, and government

NQF's ABCs of Measurement: https://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=44311

Best Practices for Data Management

Individual-level data	Summary data for external reporting	Internal data projects
Ex: Resident charts or staff directories/ databases • Digital • Up to date • Use categories, key words, or labels instead of free text	*Ex: Survey or other required reports for facility-wide data* • Use reports to summarize data by time or type • Use spreadsheets to track data questions over time • Make sure data is summarized regularly	*Ex: Quality improvement projects* • Make data collection easy *Smart phone apps, paper, shared spreadsheets* • Organize data by date (day, week, etc.) to track changes over time

Audience Poll Question: How do you keep track of data for staff totals reported to the CDPH 123 daily survey?

Facility

SARS COV2 Testing

TESTING AVAILABILITY: Does the LTCF have the ability to perform or to obtain resources for performing SARS-CoV-2 viral testing (NAAT [PCR] or antigen) on all residents, staff and facility personnel if needed?*

Answer "Yes" if the LTCF can perform COVID-19 viral testing, if there was a need to do so, or are able to obtain resources needed from outside sources, such as laboratories, health department, outbreak response team etc.

Yes No

CURRENT CENSUS: Total number of beds that are currently occupied.*

RESIDENTS: Do you have any new Resident COVID admissions, cases, or deaths to report? OR Do you have new resident deaths or Influenza cases to report?*

Yes No

Staff and Personnel Impact

STAFF: Do you have new HCP cases or deaths to report? OR Do you have new HCP Influenza cases to report?*

Yes No

Urgent Needs

Do you have an urgent staffing need over the next 48 hours?*

Yes No

Urgent Needs

Do you have any urgent PPE needs in the next 48 hours?*

Yes No

Staff and Personnel Impact

STAFF: Do you have new HCP cases or deaths to report? OR Do you have new HCP Influenza cases to report?*

Yes No

Staff and Personnel Cases

CONFIRMED: Staff and facility personnel with new laboratory positive COVID-19 since the last time counts were reported.*

Enter the number of staff and facility personnel who have newly been identified as having a laboratory positive COVID-19 test result since the last date that Confirmed COVID-19 counts were entered for staff and facility personnel. **Note:** Staff and facility personnel include anyone working or volunteering in the facility, which includes, but not limited to contractors, temporary staff, resident care givers, shared staff, etc.

2

COVID-19 DEATHS: Staff and facility personnel with new suspected or laboratory positive COVID-19 who died since the last time counts were reported.*

Enter the total number of **new** deaths for staff and facility personnel with suspected or laboratory positive COVID-19 that have occurred since the last date the COVID-19 Death count for staff and facility personnel was entered. Only include new deaths since the last time these counts were entered in the Module.

0

INFLUENZA: Number of staff and facility personnel above with new influenza (flu).*

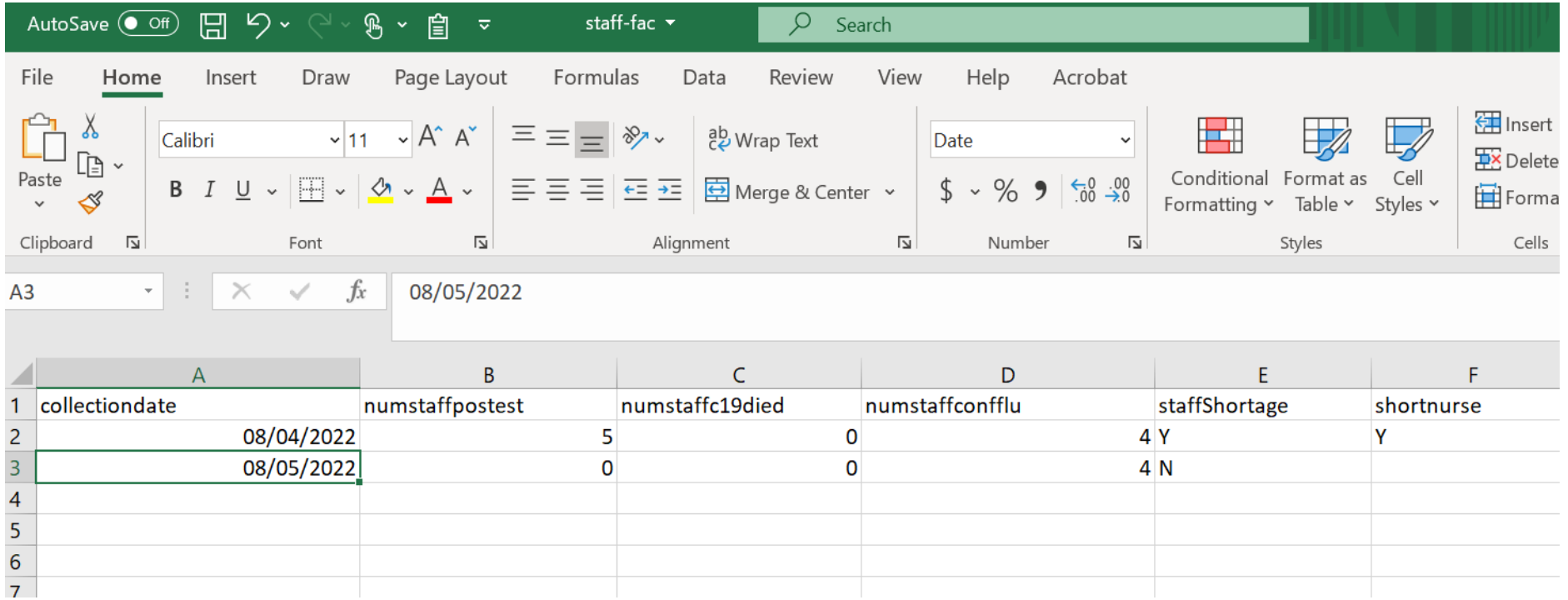
0

Best practices for data tracking

- Use Excel, Google Sheets or other electronic record keeping
- Allow multiple people to enter data for comprehensive reporting
- Ensure data is accurate though regular "quality checks", trainings, and refreshers

*For tracking individual information, organize reports or excels in rows of patients or staffs

*For tracking change or improvement over time, organize data by date (day, week, etc) for different activities



	A	B	C	D	E	F
1	collectiondate	numstaffpostest	numstaffc19died	numstaffconfflu	staffShortage	shortnurse
2	08/04/2022	5	0	4	Y	Y
3	08/05/2022	0	0	4	N	
4						
5						
6						
7						

Audience Question:

Would your facility find helpful a template spreadsheet for tracking COVID-19 vaccination status for residents and staff?

Best Practices for Data Management

Data must be

- Accurate
- Clean
- Truthful

Make sure this happens by

- Tracking data appropriately
- Entering all data completely
- Doing data quality checks

Reporting incorrect data can impact safety and funding

- Inaccurate patient data can lead to unintended interventions and treatments
- Incomplete facility data can lead to amendments in funding and reimbursements

Health Services Advisory Group (HSAG)

- Quality Improvement Organization (QIO) for California State
- Centers for Medicare and Medicaid Services (CMS)
- Pulse of Future National Quality Improvement Focus
- Resource for all things NHSN and for Skilled Nursing Facilities in LA County

National Health Safety Network (NHSN)

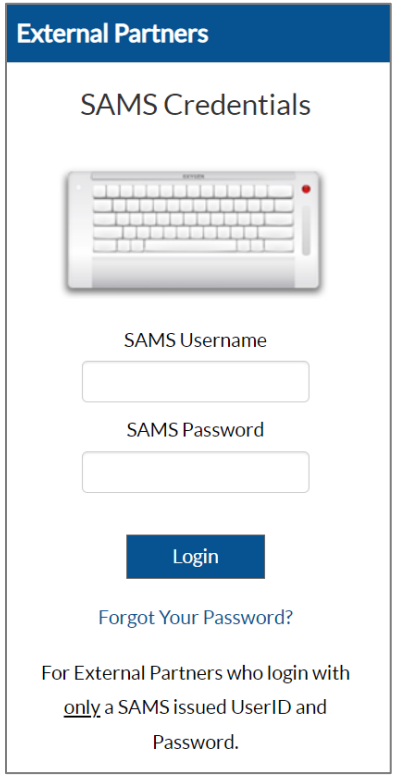
Simi Williams, MPH, RAC-CT, CPHQ
Quality Improvement Specialist
Health Services Advisory Group (HSAG)

NHSN

- The nation's most widely used healthcare-associated infection (HAI) tracking system.
- Provides facilities, states, regions, and the nation with:
  - Data needed to identify problem areas.
  - Ability to measure progress of prevention efforts.
- It's free to use!
- HSAG can provide technical assistance.

How to Log In to NHSN

1



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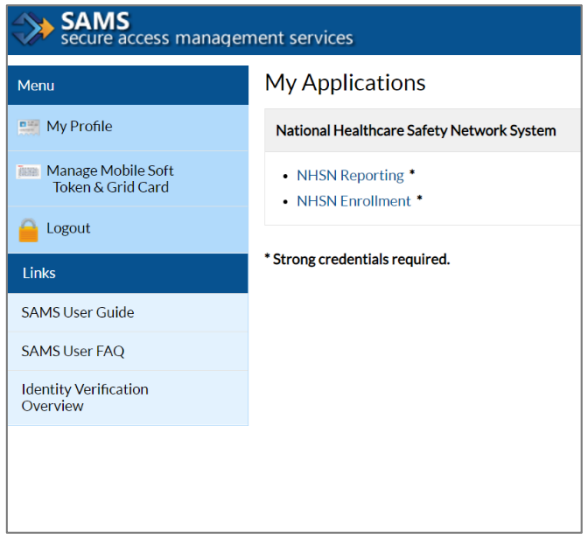

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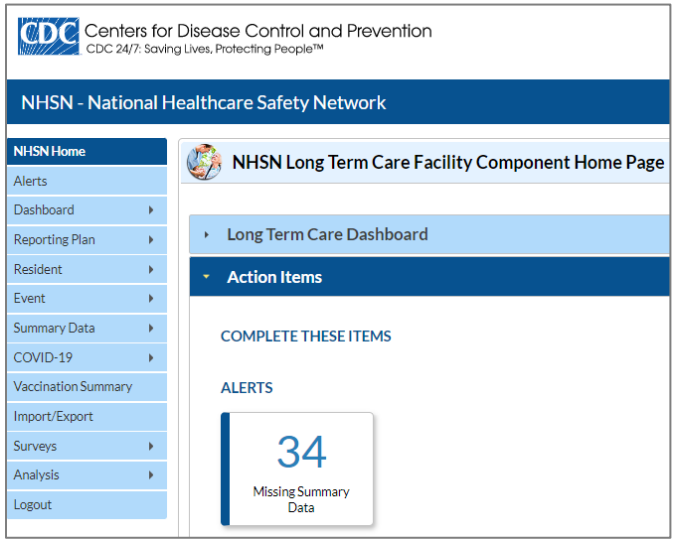
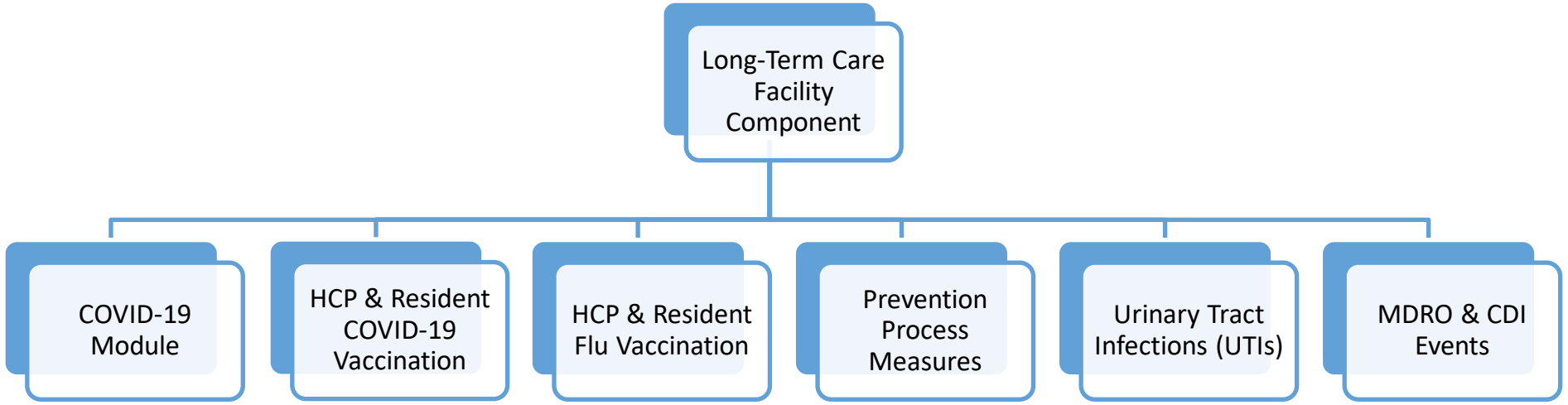


Tracking Infections in Long-Term Care Facilities



HCP = healthcare personnel
MDRO = multi-drug resistant organism
CDI = *C. difficile* infection

HCP and Resident Flu Vaccination Module

- Facilities can use data to obtain a better picture of influenza vaccination at their facility.
  - Monitor vaccination trends over time.
  - Identify HCP groups with lower vaccination rates.
  - Pinpoint barriers to influenza vaccination.

HCP and Resident Flu Vaccination Module (cont.)

- Facilities can use the data from the HCP Vaccination Module to inform decision-making.
  - Refine facility strategy and outreach to unvaccinated groups.
  - Improve vaccination tracking.

Prevention Process Measures Module

- Monitor adherence to:
  - hand hygiene.
  - glove and gown use.
- Identify quality improvement opportunities and strategically target interventions.
- **Feedback of adherence data** is a component of interventions that have successfully reduced HAI rates.

https://www.cdc.gov/nhsn/pdfs/ltc/ltcf-prev-process-measures-protocol_current.pdf

Hand Hygiene

- Numerator: hand hygiene performed
- Denominator: hand hygiene indicated

$$Hand\ Hygiene\ \%\ Adherence = \frac{\#\ of\ contacts\ for\ which\ hand\ hygiene\ was\ performed}{\#\ of\ contacts\ for\ which\ hand\ hygiene\ was\ indicated} * 100$$

Gown & Glove Use—Part of Contact Precautions

- Numerator: gowns & gloves used
- Denominator: gown & glove use indicated

$$Gown\ \&\ Glove\ Use\ \%\ Adherence = \frac{\#\ of\ contacts\ for\ which\ gowns\ \&\ gloves\ were\ used}{\#\ of\ contacts\ for\ which\ gowns\ \&\ gloves\ were\ indicated} * 100$$

UTIs Module

Consistent tracking and reporting of UTIs **using surveillance criteria** will help to examine, understand, and address discrepancies between surveillance events and clinically identified events.

https://www.cdc.gov/nhsn/pdfs/ltc/ltcf-uti-protocol-current.pdf

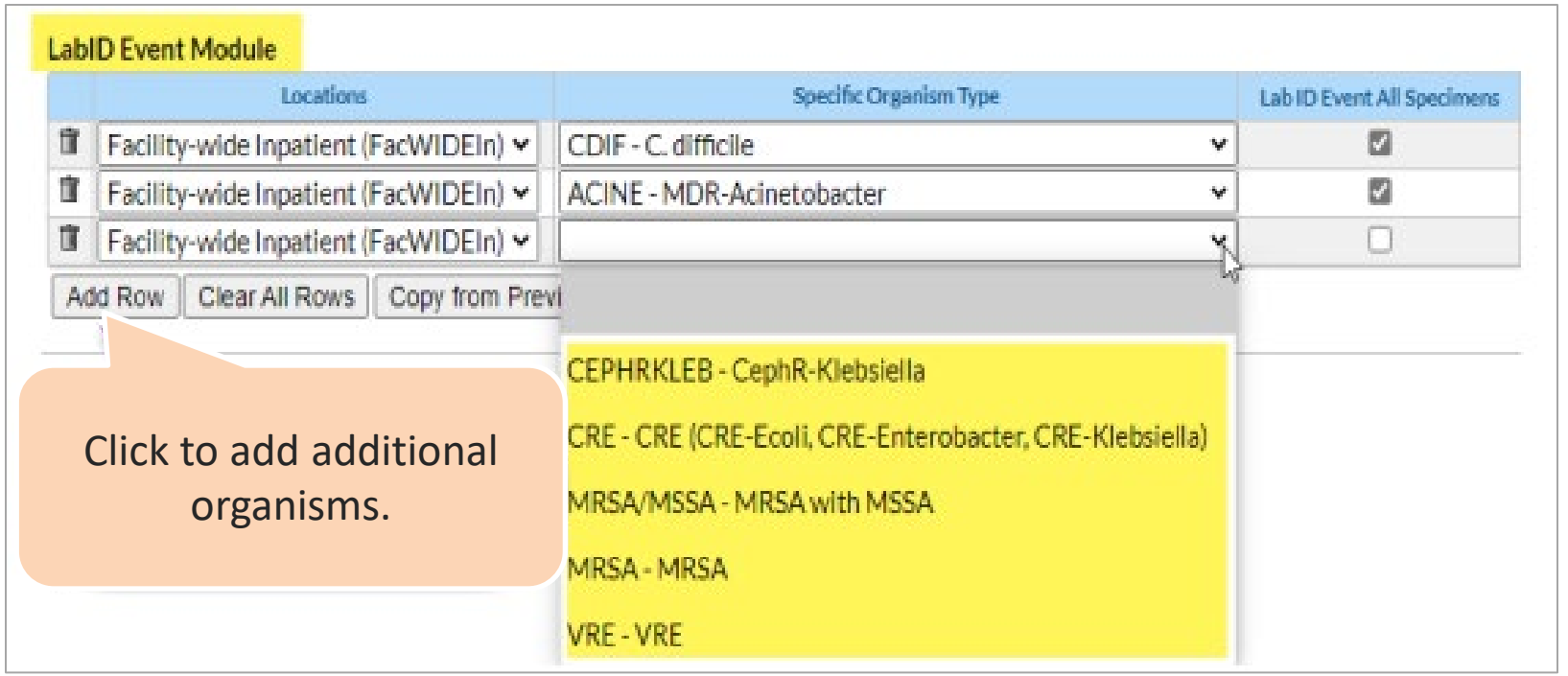
Calculated UTI Metrics in NHSN

- Total UTI incidence rate per 1,000 resident days
- Percent that are SUTI
- Percent that are CA-SUTI
- SUTI incidence rate per 1,000 non-catheter days
- CA-SUTI incidence rate per 1,000 catheter days
- Urinary catheter utilization ratio
- Urine culture rate per 1,000 total resident days
- UTI treatment ratio

SUTI = symptomatic UTI
CA-SUTI = catheter-associated SUTI

MDRO & CDI Events Module

- Uses standardized surveillance definitions to monitor MDRO and CDI.



https://www.cdc.gov/nhsn/pdfs/ltc/ltcf-labid-event-protocol_current.pdf

Calculated MDRO Metrics in NHSN

- Total MDRO rate per 1,000 resident days
- Percent of MDRO CO LabID events
- Percent of MDRO LO LabID events
- Percent of LO MDRO LabID events that are ACT-LO LabID events
- MDRO LO rate per 1,000 resident days

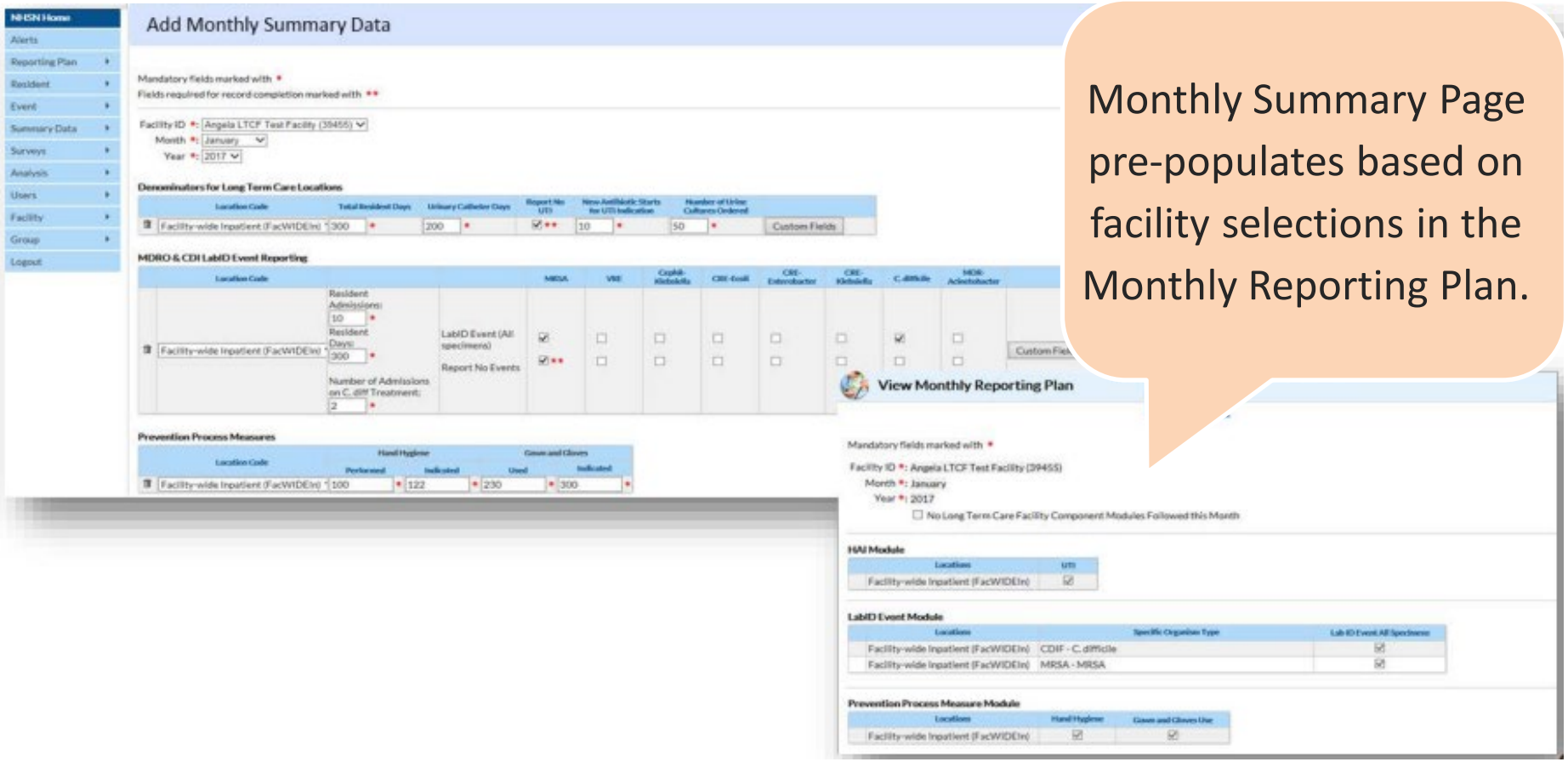
LabID = laboratory identified
CO = community onset
LO = long-term care facility onset
ACT-LO = acute care transfer long-term care facility onset

Calculated CDI Metrics in NHSN

- Total CDI rate per 1,000 resident days
- Percent of CO CDI LabID events
- Percent of LO CDI LabID events
- Percent of ACT-LO CDI LabID events
- CDI LO incidence rate per 1,000 resident days
- CDI treatment prevalence on admission
- CDI treatment ratio

NHSN Demonstration

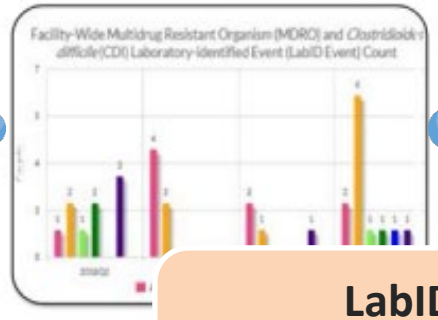
Submitting Monthly Summary Data in NHSN



Analysis Reports

HAIs

- UTIs
  - Catheter and non-catheter associated
- Planned
  - Respiratory tract infection
  - Skin & soft tissue infection



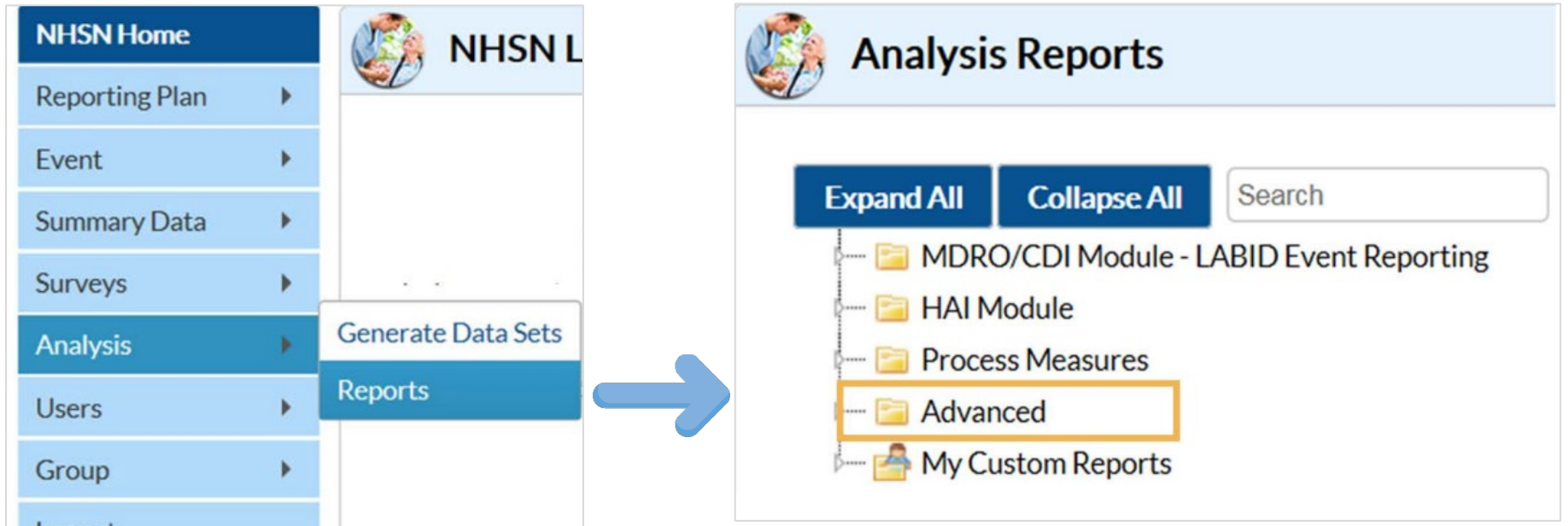
LabID

- CDI
- MDRO

Prevention Process Measures

- Adherence to gown & glove use
- Adherence to hand hygiene

Analysis Reports (cont.)



Thank you!

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Quality Improvement Organizations
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HSAG HEALTH SERVICES ADVISORY GROUP

Disclaimer

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References

CMS: Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Training: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Training

QRP FAQ: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-FAQs-

Acronym List: https://pac.training/courses/Data_Elements_to_QMs/#/lessons/EsLzkaJKGpwGSlpxwzrFWmXIcn9Xnsy6

CMS COVID-19 NHSN Reporting Requirements for Nursing Homes: https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/cms-covid19-req-508.pdf

NHSN Focused Survey: https://www.cms.gov/files/document/qso-20-29-nh.pdf

HSAG:

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Questions?