



## OHIO NURSING HOME QUALITY IMPROVEMENT PROJECT

### Nursing Home Reducing Readmissions Preparation Program

#### Description

The Nursing Home Reducing Readmissions Preparation Program (NHRPP) is sponsored by the Centers for Medicare & Medicaid Services (CMS) and coordinated in Ohio by Health Services Advisory Group (HSAG), the Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO). The NHRPP aims to improve the resident readmission rates to hospitals from Ohio's nursing homes. This program aligns with other national nursing home quality partnerships, such as the National Nursing Home Quality Improvement Campaign (formerly Advancing Excellence in America's Nursing Homes) and the Quality Assurance & Performance Improvement (QAPI) initiative to improve the quality of life and care for residents. The NHRPP also aligns with the 2012 CMS Nursing Home Action Plan and supports its five actionable strategies.

Topics of focus within the Ohio NHRPP include sepsis, diabetes/hypoglycemia, COPD, and heart failure among others. Additionally, participating nursing homes will also work to improve their care coordination review process and medication reconciliation. The expected outcome of all these efforts is an improved resident rehospitalization rate and improved resident care. Every nursing home in Ohio is encouraged to be involved in this voluntary "all teach, all learn" effort.

#### How to Join

[Register on the HSAG website.](#)

#### Brief Description of Required Activities

##### *Phase 1 "Starting the Journey" (January–February)*

1. Submit signed commitment agreement to participate. [Sign up online](#) or download the [Agreement PDF](#) and fax it back.
2. Develop and submit your Reducing Readmissions Committee Roster. Complete a [Readmission Committee Roster](#) and fax it back.
3. Complete Quality Assurance and Performance Improvement (QAPI) Self-Assessment Survey for period October 2016–September 2018. (Check with HSAG to confirm if already submitted: [ohnursinghome@hsag.com](mailto:ohnursinghome@hsag.com)).

4. Request and review all available CMS readmissions data:
  - HSAG Nursing Home Readmissions Report (baseline period: Q3 2016–Q2 2017, 7/1/16–6/30/17). To request your report, email [ohnursinghome@hsag.com](mailto:ohnursinghome@hsag.com).
  - Quarterly CASPER Confidential Feedback Report, which includes your CMS readmission rate. For information on how to access your CASPER report, see [CASPER Report Instructions](#).
  - Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNF-RM) Baseline and Performance Period Rates. To access data, refer to [Medicare’s Nursing Home Compare website](#), under the Spotlight section.
5. Complete Nursing Home [Readmission Pre-Assessment](#).
6. Begin implementation of a readmission intervention using the QAPI Performance Improvement Project (PIP) Charter for reducing readmissions.<sup>1</sup> Download [QAPI PIP Charter](#).

*Phase 2 "Well on the Way" (March–April)*

1. Meet Phase 1 level criteria.
2. Participate in at least two learning opportunities. Consider including your Readmission Committee and/or Inter-Disciplinary Team (IDT) members.
3. Track and trend, daily, your Medicare Fee-for-Service 30-day readmissions data either through electronic health record or a readmissions dashboard.
4. Routinely discuss past 24 hours readmissions during morning huddle. For useful tools, see [SNF Transfer Checklist](#) and [SNF Pre-Admission Huddle Equipment Checklist](#).
5. Review readmission trends weekly with executive leadership (administrator, director of nursing, or medical director).
6. Conduct monthly chart reviews for some Medicare Fee-for-Service patients readmitted in the past 30 days.
7. Conduct Plan-Do-Study-Act (PDSA) cycle(s) on readmission intervention(s) using the QAPI PIP process for reducing readmissions. Download a [QAPI PDSA Cycle](#).

*Phase 3 "Leading the Way" (May–September)*

1. Meet Phase 2 level criteria.
2. Participate in an additional three learning opportunities,<sup>2</sup> for a total of five by the end of the program.
3. Complete Nursing Home Readmission Assessment (post). (PDF download coming soon).

4. Achieve a 6 percent relative improvement rate (RIR)<sup>3</sup> from baseline period Q3 2016–Q2 2017 (7/1/16–6/30/17) to re-measurement period Q4 2017–Q3 2018 (10/1/17–9/30/18).
5. Continue your PIP readmission intervention by using data monitoring and reporting results through your QAPI committee.
6. Submit a story board of your readmission program’s successes and lessons learned. Select submissions will be shared during the final webinar session.

### Date(s) of Project

Enrollment began in January 2018 and will be on-going through September 2018.

### Evidence of Participation in the Project

*Expected evidence of participation in the project should be kept by the nursing home for use in state survey to demonstrate compliance with Sec. 3721.072 (B) which states that “Beginning July 1, 2013, each nursing home shall participate every two years in at least one of the quality improvement projects included on the list made available by the department of aging under the nursing home quality initiative established under section 173.60 of the Revised Code.”*

### Specific Evidence Elements\*:

1. Completed NHRRPP Participation Agreement
2. Completed “Readmission Committee Roster” form
3. Completed QAPI self-assessment
4. Completed “Readmission Pre-assessment” form
5. Completed “Readmission Assessment” form (not yet available)
6. Webinar certificates of participation

### Relevant links

[QAPI At-A-Glance](#)

[www.hsag.com](http://www.hsag.com)

### Contact

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