Using LTCH CARE Data to Drive Performance Improvement

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Overview

- Provide effective strategies for the completion, validation, and use of the LTCH CARE Data Set
- Discuss strategies to analyze and improve performance related to LTCH CARE Data Set quality measures
FY 2015 Final Rule

- Completion threshold set at 80%
- Effective FY 2016 payment determination
  - CY 2014 data submissions

Hospital Completion Percentage

- LTRAX Administrative Reports
  - Incomplete QRP Data: Admit
  - Incomplete QRP Data: Discharge
- Percentage of “incomplete” <20%
LTRAX Average Hospital Completion (2014)

<table>
<thead>
<tr>
<th></th>
<th>Incomplete</th>
<th>Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission</td>
<td>0.8%</td>
<td>99.2%</td>
</tr>
<tr>
<td>Discharge</td>
<td>1.1%</td>
<td>98.9%</td>
</tr>
</tbody>
</table>

Wide Range of Completion Among Hospitals (2014)

<table>
<thead>
<tr>
<th></th>
<th>Best</th>
<th>Worst</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission</td>
<td>100%</td>
<td>87.6%</td>
</tr>
<tr>
<td>Discharge</td>
<td>100%</td>
<td>87%</td>
</tr>
</tbody>
</table>
Common Traps

- Bowel Continence
- Patient Height/Weight
- Pressure Ulcers Not Assessed
  - Unplanned discharges/AMA
  - Expirations
  - Patient Refusal
Completion Strategies: Bowel Continence

Scoring Bowel Continence
- Included only on the Admission Assessment
- Medical record review, patient/family interview, staff interview
- Documentation needed to support scoring
- Episodes of incontinence during the assessment reference period
  - 0 = Always continent
  - 1 = Occasionally incontinent (1 episode)
  - 2 = Frequently incontinent (2+ incontinent episodes, 1 continent)
  - 3 = Always incontinent (incontinent for all bowel movements)
  - 9 = Unrated (ostomy or no bowel movement x 3 days)

Incomplete Data
- Unrated – Fecal management system/rectal tube
  - Obtain history on the reason for the fecal management system
- Unrated – No bowel movement
  - Aggressive bowel program with ARD to assess continence
Completion Strategies:
Unplanned Discharges/AMA

Inability to Assess
- Planned discharge – hospital procedure
- Emergent discharge/AMA
- Expiration

Incomplete Data
- Admission assessment reference period
  - Unexpected discharge, death, AMA prior to assessments
  - Friday admissions
- Discharge assessments
  - Pressure ulcer data
    - Daily nursing notes
    - Wound care discharge rounds
    - Daily huddles – incorporate LTCH CARE Data Set items
Completion Strategies: Pressure Ulcer Data

Incomplete Data

- Weekly wound care rounds
  - Discharge wound rounds

- Unplanned Discharge Assessments
  - Daily nursing notes
    - Skin assessment
    - Carryover wound care assessment
    - No new changes
  - Interdisciplinary team conference notes
  - Daily huddles – incorporate LTCH CARE Data Set items
FY 2015 Final Rule

- Did NOT finalize a data validation process
- We do know through IRF Final Rule
  - Random selection and sample
  - Submission of medical records
  - 2% payment penalty if documentation does not support data submission

Hospital Compliance Program

- Internal self-audits
- External audits
Pressure Ulcer Data
- Admission – present on admission
- Discharge
  - Comparison of admission to discharge
  - New or worsened

Influenza Vaccination
- Documentation supporting vaccination status
- Documentation supporting contraindications or reason for not providing the vaccination to the patient
**LTCH CARE Data Set: Validation Tool**

<table>
<thead>
<tr>
<th>Compare Data Reported w/ Medical Record</th>
<th>Patient #</th>
<th>Patient #</th>
<th>Patient #</th>
<th>Patient #</th>
<th>Count</th>
<th># Met</th>
<th>Validation %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pressure Ulcer Questions</strong>*</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N - Stage II in physician progress note and not reported on LTCH CARE Data Set</td>
<td>Y</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>* All questions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Influenza Vaccination Questions</strong>*</td>
<td>Y</td>
<td></td>
<td>N - Per pre-admit screening, patient received vaccine at referring hospital, but marked 9 (unknown) as reason for not receiving</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>5</td>
</tr>
<tr>
<td>* All questions</td>
<td></td>
<td></td>
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</table>
LTCH CARE Data: Validation Strategies

System Strategies

- Electronic medical record
  - Framing documentation to support CARE Data completion items
  - Uploading
  - Error checks

Concurrent Data Entry Process

- Individual(s) entering the data
  - Source
  - Consistency
  - Competency

- Individual(s) validating the data
  - Completion signatures
  - Review of documentation and data submitted
Beyond Compliance

- Quality
- Clinical

LTCH CARE Data

- Pressure ulcer data
- Patient flu vaccination
- Program interruptions
- Functional data
Admission to Discharge: Any Stage

Source: LTRAX
LTRAX Outcomes Reports

Admission to Discharge (CalYr 2014)

Source: LTRAX
Pressure Ulcers: Admission to Discharge

Identification (present on admission)
- Skin assessments
- Timing

Prevention
- Risk assessment (Braden; predictive modeling)
- Interventions
  - Surfaces
  - Nutrition
  - Turning teams
  - Mobility
  - Patient/family education
LTRAX Outcomes Reports

Admission to Discharge: Unstageable Pressure Ulcers (YTD Cal 2014)

Non-Removable Dressing

Slough or Eschar

Deep Tissue Injury

Source: LTRAX
New or Worsened at Discharge by Stage

<table>
<thead>
<tr>
<th>Stage</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>II</td>
<td>1.00%</td>
<td>0.80%</td>
</tr>
<tr>
<td>III</td>
<td>0.80%</td>
<td>0.60%</td>
</tr>
<tr>
<td>IV</td>
<td>0.40%</td>
<td>0.20%</td>
</tr>
</tbody>
</table>

Source: LTRAX
Pressure Ulcer: New or Worsened

Prevention/Intervention

- Wound care coordinator
- PUSH Tool/Bates-Jenson Wound Assessment Tool (BWAT)
- Integrating assessment to CPOE and wound order sets
- Treatment protocols
  - Surfaces
  - Nutrition
  - Turning schedules
  - Wound treatment team
  - Interventions
    - Excisional debridements
    - Therapeutic

Timing

- Post debridement and unexpected discharge
Hospital-Acquired Pressure Ulcer: Incidence

Methods for Internal Reporting
- Limitations using CMS LTCH QRP data for HAPU incidence rates
- Incident reporting system
- Internal quality scorecards

Validate with CMS LTCH QRP Data
- Present on admission or discharge
- New or worsened

Benchmarking
Pressure Ulcer Data

Things to Consider

- Voluntarily skipped items
  - Present on Admission
  - Unstageables
- Impact on reporting process
  - Inconsistencies
  - Accuracy

Result of Voluntarily Skipping Items

- Lack of data
  - Clinical presentation on admission
  - Resources
  - Progression of unstageables
What We Know

- Data is tracked across post-acute care settings
- Will be reported in some manner (risk-adjusted)
- Failure in reporting data results in 2% payment reduction
- Completion rates <80% results in 2% payment reduction, effective October 2015 (for calendar year 2014 data)

What We Don’t Know

- Value-based purchasing
  - When
  - What

What We Should Do

- Ensure compliance
- Improve performance
Things to Consider

- Hospital policy and procedure
- Liaison training
  - Requirements
  - Definition
  - Location in acute care documentation
- Assessment, documentation, and communication
  - Pre-admission
  - Admission — Nurse to Nurse
- Clinical decision-making
- Data entry/reporting
Data Collection

- Process
  - Clinical liaisons during pre-admission assessment
  - Nurse report upon admission

- Documentation
  - Location of information
  - Structure of the questions
    - Mirror the LTCH CARE Data Set questions

Clinical Standards of Care

- Acute care admissions
- Clinical decision-making
  - Availability of information
  - Standards of clinical practice
Data Entry / Reporting

- Assessment
- Response
- Accuracy
- Validation
  - Supporting documentation
Flu Vaccination Measure

- Release expected Q2 2015
- Reports will mirror data submission requirements

Data Downloads

- Extract via custom downloads
Program Interruptions

(Planned and Unplanned Discharge Assessments)

- "an interruption in a patient's care given by an LTCH because of the transfer of that patient to another hospital/facility per contractual agreement for services"
- 3 calendar days or less, in which the day of transfer is counted as day 1 of the interruption
Program Interruptions: Preparation

Data Collection

- Process
  - Identify individual(s) responsible
  - Communication
  - Tracking

- Documentation
  - Location of information
  - Include dates of transfer and return
Program Interruptions: Clinical Applications

Use of Information

- High volume of interruptions
  - Reason
  - Source
  - Internal clinical resources and skills
- Multiple interruptions
  - Appropriate level of care
  - Adequate information with ongoing clinical needs

Identify Opportunities for Improvement

- Clinical information and communication
- Clinical skills/competencies
- Physician resources
  - Consulting physicians
- Clinical resources
- Protocols
CMS QRP Measures: LTCH CARE Data Set

What Lies Ahead....

- Functional measures
  - Finalized in the FY 2015 Final Rule
  - Data collection to begin April 1, 2016
- IMPACT Act of 2014 proposed measures
  - New or worsening pressure ulcers
  - Functional care plan
  - Falls with major injury
  - All-cause 30-day readmissions
- Public reporting of quality data
- Value-based purchasing / post-acute bundling
  - Payment determinations based on quality of care
Questions?
assistance@ltrax.com

Next Call: April (TBD), 2015

Proposed FY 2016 IPPS/LTCH PPS Rule