



# The Role of the Clinical Team

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- Nursing Core of Knowledge

## Content

-  Requirements of the Clinical Team
-  Quality- Discussion and Definitions
-  Areas of Focus for Quality and Survey
-  Immediate Jeopardy
-  Putting it All Together/Priorities

# Requirements of the DON and Clinical Team



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## DON Requirement

- **3701-17-08(B)** Each nursing home shall:
  - (1) Employ a registered nurse who shall serve as director of nursing:
    - (a) This requirement may be met by two registered nurses who share the position as co - directors of nursing.
    - (b) The director of nursing or co - directors of nursing shall be on duty five days per week, eight hours per day predominantly between the hours of six a.m. and six p.m. to direct the provision of nursing services.
    - (c) The name of the director of nursing shall be posted in a place easily accessible to residents, resident's families or sponsors, and staff.
  - (2) Designate another registered nurse in its employ to serve as acting director of nursing in the event the director of nursing or co - directors of nursing are absent from the nursing home due to illness, vacation or an emergency situation. The name of the acting director of nursing shall be posted in a place easily accessible to residents, residents' families or sponsors, and staff.

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## F727 Required Nursing Care

*(Rev. 229; Issued: 04-25-25; Effective: 04-25-25; Implementation: 04-28-25)*

*Social Security Act §1919 [42 U.S.C. 1396r]*

*§1919(b)(4)(C) Required nursing care; facility waivers.—*

*§1919(b)(4)(C)(i) General requirements.—With respect to nursing facility services provided on or after October 1, 1990, a nursing facility—*

*(II) except as provided in clause (ii), must use the services of a registered professional nurse for at least 8 consecutive hours a day, 7 days a week.*

*Social Security Act §1819 [42 U.S.C. 1395i-3]*

*§1819(b)(4)(C) REQUIRED NURSING CARE.—*

*§1819(b)(4)(C)(i) IN GENERAL.—Except as provided in clause (ii), a skilled nursing facility ... must use the services of a registered professional nurse at least 8 consecutive hours a day, 7 days a week.*

**§483.35(c)(3)** Except when waived under paragraph (f) or (g) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.

## F727 Required Nursing Care (Cont'd)

**§483.35(c)(4)** The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.

### DEFINITIONS

“**Full-time**” is defined as working 40 or more hours a week.

“**Charge Nurse**” is a licensed nurse with specific responsibilities designated by the facility that may include staff supervision, emergency coordinator, physician liaison, as well as direct resident care.

*“Scope of Practice” describes the services that a qualified health professional is deemed competent to perform and permitted to undertake in keeping with the terms of their professional license. 35F1*



## Staffing Levels

- 3701-17-08 Personnel Requirements
- 3701-17-08-(G)-With input from the medical director and the director of nursing, the nursing home may adjust the staffing levels based on the needs and acuity levels of the residents, but in no event shall the staffing fail to meet the requirements of this rule.

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## Staffing Levels (Cont'd)

### Rule 3701-17-08 Personnel Requirements

(C) Each nursing home shall have sufficient direct care staff on each shift to meet the needs of the residents in an appropriate and timely manner and have the following individuals provide a minimum daily average of two and one-half hours of direct care and services per resident per day as follows:

- (1) Nurse aides;
- (2) Registered nurses, including registered nurses who perform administrative and supervisory duties; and
- (3) Licensed practical nurses, including licensed practical nurses who perform administrative and supervisory duties.

## Policies and Procedures

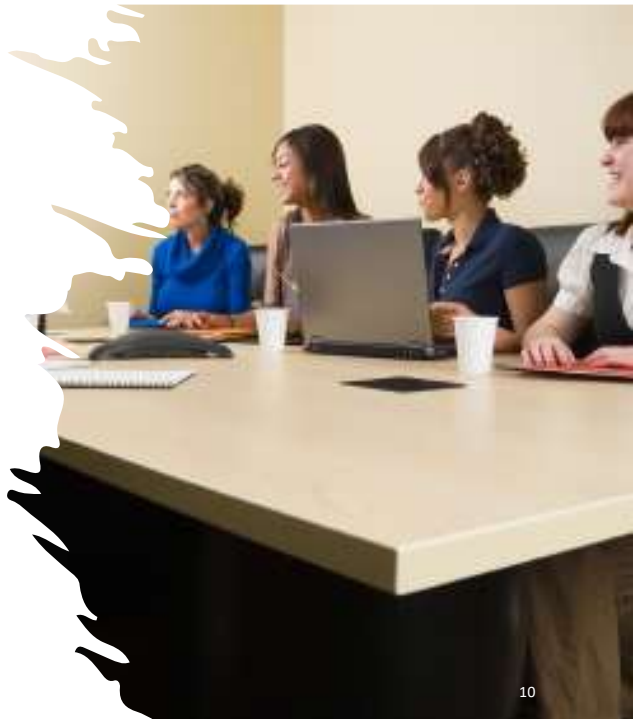
### 3701-17-13-A(1)- Medical Supervision

- In collaboration with the administrator, the nursing director and other health professionals, develop formal resident care policies for the nursing home...



## QAPI

- 3701-17-06-(C)- Each nursing home shall establish and maintain an ongoing quality assurance and performance improvement (QAPI) program to address all systems of care and management practices, including clinical care, quality of life, and resident choice. As part of the QAPI program, each home shall, at minimum :



## F868 Quality Assessment and Assurance

**§483.75(g)(1) A facility must maintain a quality assessment and assurance committee consisting at a minimum of:**

- (i) The director of nursing services;
- (ii) The Medical Director or his/her designee;
- (iii) At least three other members of the facility's staff, at least one of who must be the administrator, owner, a board member or other individual in a leadership role; and
- (iv) The infection preventionist.

**§483.75(g)(2) The quality assessment and assurance committee reports to the facility's governing body, or designated person(s) functioning as a governing body regarding its activities, including implementation of the QAPI program required under paragraphs (a) through (e) of this section. The committee must:**

- (i) Meet at least quarterly and as needed to coordinate and evaluate activities under the QAPI program, such as identifying issues with respect to which quality assessment and assurance activities, including performance improvement projects required under the QAPI program, are necessary.

## Quality Assurance Committees

3701-17-06-(C)(1) Establish a quality assurance committee that shall meet on an ongoing basis, but at least quarterly to systematically:

- (a) Monitor and evaluate the quality of care and quality of life provided in the home;
- (b) Track, investigate, and monitor incidents, accidents, and events that have occurred in the home;
- (c) Track and monitor the effectiveness of the infection control program;
- (d) Identify problems and trends; and
- (e) Develop and implement appropriate action plans to correct identified problems ; and

(2) Participate in at least one quality improvement project every two years from those approved by the department of aging through the nursing home quality initiative established under section 173.60 of the Revised Code.

## DON and Clinical Team Requirements

- Summary
  - DON work hours 8 hrs/day, 5 days/week, during primary business hours.
  - Adjustment of staffing levels to census
  - Develop Policy and Procedures
  - Maintain the Quality Assurance Committee



Clinical  
Leadership



## Clinical Team Duties

- Policy and Procedure Changes
- Customer Service
- Nursing Development and Leadership Training
- Time Management
- Nursing Standards of Practice
- Developing Lines of Communication

## Clinical Team Duties

- Nursing Clinical Policy & Procedure Manuals-
  - Abuse, Neglect, Misappropriation and Exploitation
  - Falls
  - Skin
  - Restraints
  - Restorative Nursing

# Clinical Team Duties

- Nursing Clinical Policy & Procedure Manuals-
- Behaviors/Psychotropic Medications
- Pain
- Infection Control
- Lab Tracking
- Documentation- Photographs?

# Clinical Team Duties

- Nursing Clinical Policy & Procedure Manuals-
- Emergency Response Planning
- Advance Directives
- Risk Management
- Investigation- Ohio Department of Health Self Reporting Criteria
- Quality Indicators

# Clinical Team Duties

- State Survey and Regulatory Requirements
  - Knowledge of State (Licensure) and Federal (Certification) Regulations
  - Survey Education Preparedness
  - Survey Management
  - Plan of Correction development and implementation
  - Quality Assurance

# Clinical Team Duties

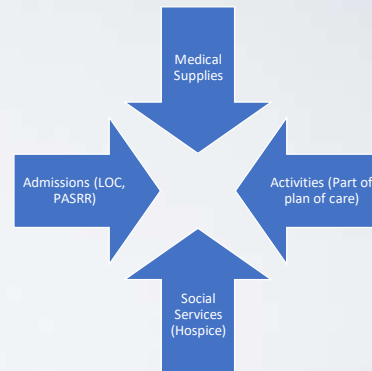
- Monitoring of Nursing Budgets
  - Staffing- Hours per patient day (HPPD)
  - Recruiting, Hiring, Employee Discipline
  - Nursing Staff Evaluations
  - Coordination of Nursing Staff Orientation
  - Monitoring of Nursing Staff

# Clinical Team Duties

- Duties that direct billing
  - Level of Care (LOC),
  - Pre-Admission Screening and Resident Review (PASRR),
  - Medicare Skilling Criteria,
  - Medicare Certification/Re-certification
  - MDS Coding and Scheduling

## Clinical Leadership Job Duties

- ▶ Clinical Leadership touches every department.
  - ▶ Accounting (MDS, Certs, Re-certs)
  - ▶ Maintenance- (Floor Schedules, grab bars)
  - ▶ Dietary (Mealtimes, specialized diets)
  - ▶ Environmental Services (Cleaning times, rooms)












# Quality Assurance

A black graphic with white zigzag lines at the top, a light green circle, and a white circle with diagonal lines at the bottom right. The text "CMS Updates" is centered in white.

## CMS Updates

-  Risk Based/Abbreviated Survey
-  Complaints are Up
-  Minimum Staffing- Chevron Ruling
-  Past Non-Compliance for Non-Substandard Tags 5 Star Point adjustments
-  PBJ- Turnover Calculation Change
-  SRI/FRI- Federal Control rather than State
-  CMP Utilization

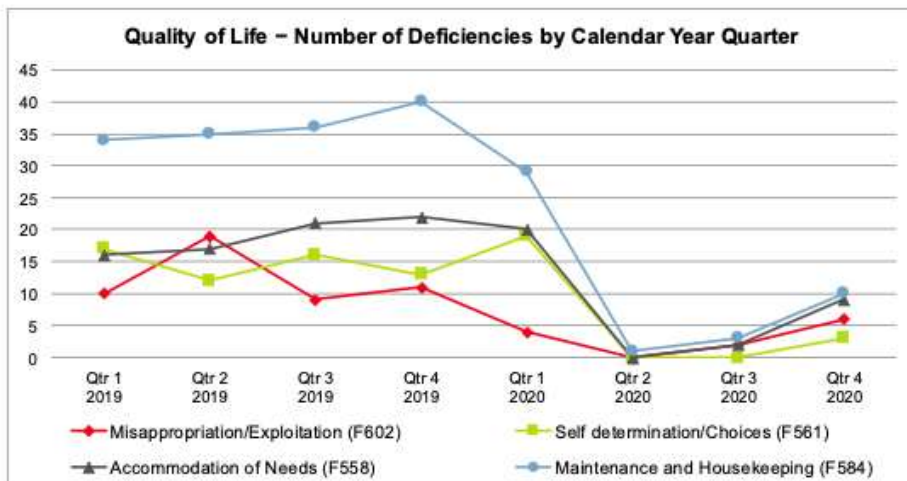
# Survey Philosophies



STRICT LIABILITY VS  
SUBSTANTIAL COMPLIANCE



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The above chart shows the total number of deficiencies per tag/type for all standard and complaint surveys conducted within each calendar year quarter.

## CMS Interpretive Guidelines

- **Identify**- the process through which the facility becomes aware of potential hazards;
- **Evaluate**- evaluation and analyzing of hazards and risks.
- **Implement**- implementation of interventions to reduce hazards and risks; and
- **Monitor**- monitoring for effectiveness and modifying interventions when necessary.



### The Execution Gap

- The “Execution Gap” usually occurs when there is a failure to implement planned interventions, or when the work process outputs are not translated and incorporated into the actual hands-on delivery of service or the resident outcomes process. The lack of follow through or break in the process is the source of lawsuits, regulatory deficiencies, poor quality indicator/quality measure outcomes and unsatisfied customers.

## Top 10 Cites- The Usuals

### Top 10 2023 Health Deficiencies

- F689 - Free of Accident Hazards/Supervision/Devices (355)
- F684 - Quality of Care (273)
- F880 - Infection Prevention & Control (256)
- F677 - ADL Care Provided for Dependent Residents (226)
- F812 - Food Procurement, Store/Prepare/Serve - Sanitary (219)
- F686 - Treatment/Services to Prevent/Heal Pressure Ulcers (214)
- F580 - Notify of Changes (Injury/Decline/Room, etc.) (145)
- F760 - Residents are Free of Significant Med Errors (143)
- F690 - Bowel/Bladder Incontinence, Catheter, UTI (142)
- F609 - Reporting of Alleged Violations (141)

Tag F884: Reporting - National Health Safety Network. Any enforcement remedies imposed as a result of this cited Data Tag have been removed from this report as this Data Tag is only cited by CMS.

Number of Nursing Home Complaints by Allegation Category	Qtr 1 2019	Qtr 2 2019	Qtr 3 2019	Qtr 4 2019	Qtr 1 2020	Qtr 2 2020	Qtr 3 2020	Qtr 4 2020
Injury of Unknown Origin	23	21	34	23	35	32	26	29
Admission, Transfer & Discharge Rights	69	75	81	78	128	115	120	108
Dietary Services	156	183	180	173	213	205	199	242
Physical Environment	214	264	350	289	339	295	233	278
Facility Staffing	248	266	295	284	302	297	279	369
Resident Safety/Falls	149	127	132	129	127	95	117	144
Resident Medications Not Given According to Physician Instructions	98	95	117	134	179	106	93	149
Resident Medications Improperly Administered	24	22	27	42	28	16	16	23

For calendar year 2017, the complaint unit received 4,842 complaints and 1,086 have been substantiated (22.42%).  
 For calendar year 2018, the complaint unit received 4,826 complaints and 1,250 have been substantiated (25.9%).  
 For calendar year 2019, the complaint unit received 5,270 complaints and 1,364 have been substantiated (25.88%).  
 For calendar year 2020, the complaint unit received 7,475 complaints and 1,382 have been substantiated (18.49%).



## Examples of Immediate Jeopardy

### Highest Priority IJ Categories

Infection Control

Abuse/Neglect/Misappropriation/Exploitation

Accident Hazards/Supervision

CPR

Eloperments

Medication Errors

Quality of Care/Assessments

# Abuse and Behavioral Health

Abuse, Neglect, Behavioral Health

## Abuse/Behavioral Health

### Abuse- Staff Neglect

- Immediate Jeopardy began when an STNA refused to respond to a resident's requests for assistance to have staff meet their basic care needs. The STNA had avoided entering that room and caring for those residents, as she felt the resident's roommate had lied about her.

### Abuse- No Assessment or Notification of Change

- Immediate Jeopardy began when a staff member noted that a resident complained of abdominal pain and distention, ate very little, and had dark black tarry stools during incontinence care. There was no assessment or treatment completed for the resident at that time. The resident died at the hospital on the day of transfer; the death certificate indicated the cause of death as cardiopulmonary arrest due to gastrointestinal bleeding.

## Abuse/Behavioral Health

- Abuse- Photographs and Sexual Abuse
  - STNA took inappropriate pictures of two residents and sexually assaulted a third resident on two separate occasions. The STNA was then arrested and taken to jail.
- Suicide
  - Immediate Jeopardy began when a resident fell or jumped from a second-story window without staff knowledge on the fifth day after admission. The facility failed to ensure the resident was assessed properly for psychiatric and cognitive status and failed to promptly update the plan of care to address hallucinations, delusions, and fall risk.

## Abuse/Behavioral Health, Staffing and Med Errors

- Facility Example
  - Immediate Jeopardy began when the facility failed to ensure a licensed nurse was on duty and present to provide routine care, monitoring, medication administration, assessments, and response to urgent resident needs and treatments for all 62 residents residing in the facility.
  - There was no licensed nurse for 45 minutes in the facility for 62 residents
  - The facility was again without a licensed nurse two weeks later for twelve hours for 31 residents in three separate halls.
  - On one of the occasions, three nurses who left the facility with no replacement nurses took the medication keys to the local police department.

# Accident Hazards

ELOPEMENT AND  
FALLS



## Accident Hazards:

### Elopement

- Immediate Jeopardy began when a **resident eloped from the facility without staff knowledge**. An LPN was off duty and driving through the facility's parking lot with her family and spotted the resident lying outside the door on the ground wearing a hospital gown and adult brief. The temperature **outside was 57 degrees**.

### Elopement

- Immediate Jeopardy began when a resident with psychiatric diagnoses and impaired judgment that necessitated the appointment of a guardian was not provided appropriate supervision and eloped from the facility.
- The resident refused to sign the **Against Medical Advice (AMA)** paperwork and walked out of the building without any intervention from staff, who did not realize until after the elopement that the individual had a **legal guardian**.

## Accident Hazards:

- Falls
  - Immediate Jeopardy began when a resident had reported an unwitnessed fall and then had five additional falls within three weeks that the **facility did not thoroughly investigate to determine the root cause.**
  - The resident had
    - bilateral anterior and lateral maxillary sinus wall fractures,
    - left medial sinus wall fractures,
    - left interior and lateral orbital rim fractures, and
    - bilateral comminuted nasal bone fractures.
  - The fractures required open reduction internal fixation surgery. The hospital noted a new C6 fracture on the x-ray, and the resident had a c-collar for six weeks

## Medication Errors

Pharmacy Delays and  
Dangerous Meds



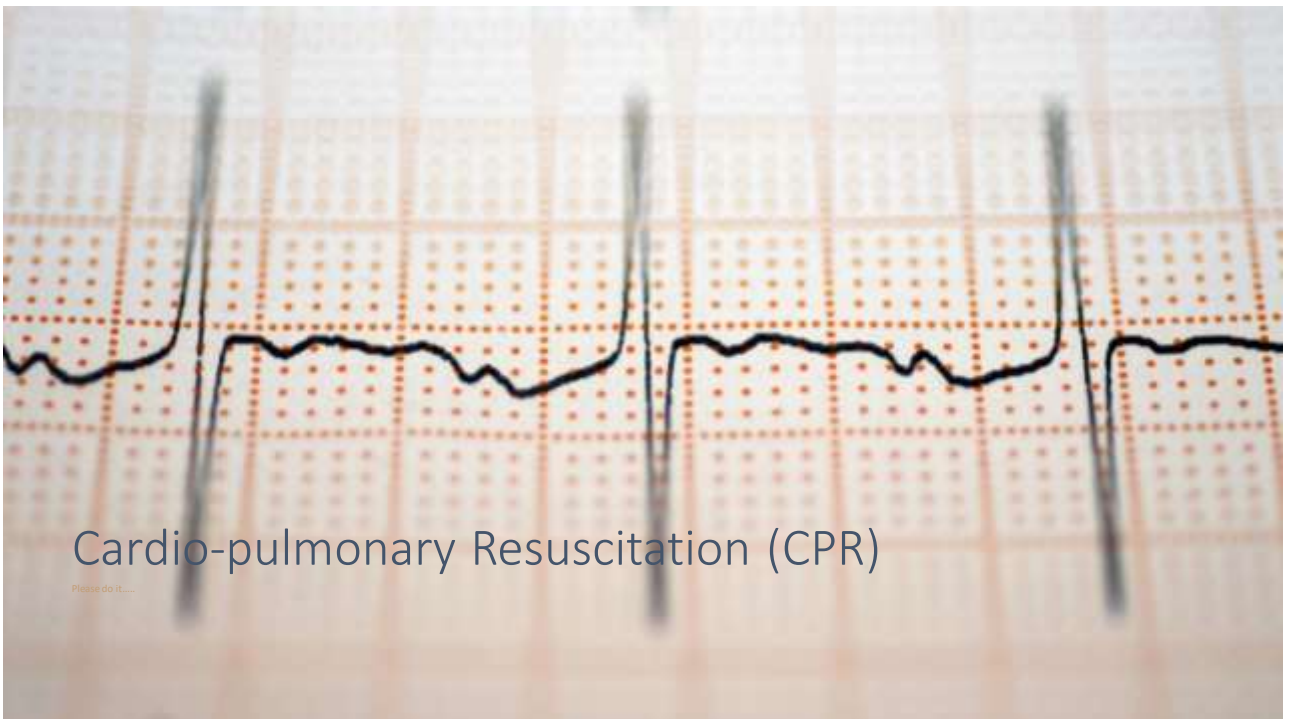
# Medication Errors

## Medication Error- Medication Technician

- Immediate Jeopardy began when a **Medication Technician (MT)** stated she could not administer insulin to four residents because she was not qualified and **there was not a licensed nurse** assigned to the unit to administer insulin.

## Medication Error- Coumadin

- Immediate Jeopardy began when the facility **received critically high PT/ INR** results for a resident prescribed Coumadin. The facility **failed to consult** with a physician or nurse practitioner for directions related to the Coumadin medication for the resident. The resident **continued to receive** previously ordered doses of Coumadin 5 milligrams (mg) **for five additional days**. The resident was then admitted to the hospital critical care unit and later returned to the facility.



# CPR

## CPR- Hospice Code Status

- The LPN did not contact the physician for any medical treatment, initiate CPR, or call 911 for emergency care because she **assumed the resident was a DNR** since he was **receiving hospice services**. The resident expired at the facility.

## CPR- Hospital Changed Code Status

- Immediate Jeopardy began when an STNA found the resident lying in bed unresponsive. The STNA notified the RN, who assessed the resident to have no respirations or pulse. The facility did not initiate life-sustaining measures nor contact EMS, even though the resident had a Full Code status.
- During a week-long hospitalization, **the hospital's ethics committee** determined that the **resident should be a full code**. The hospital sent a Full Code order upon discharge. In the readmission orders, **the facility did not record the change of code status** upon return from the hospital



Quality of Care

A dark blue rectangular graphic with a lighter blue circular shape in the center. The text "Quality of Care" is written in white, with "Quality of" on the top line and "Care" on the bottom line, centered within the circle.

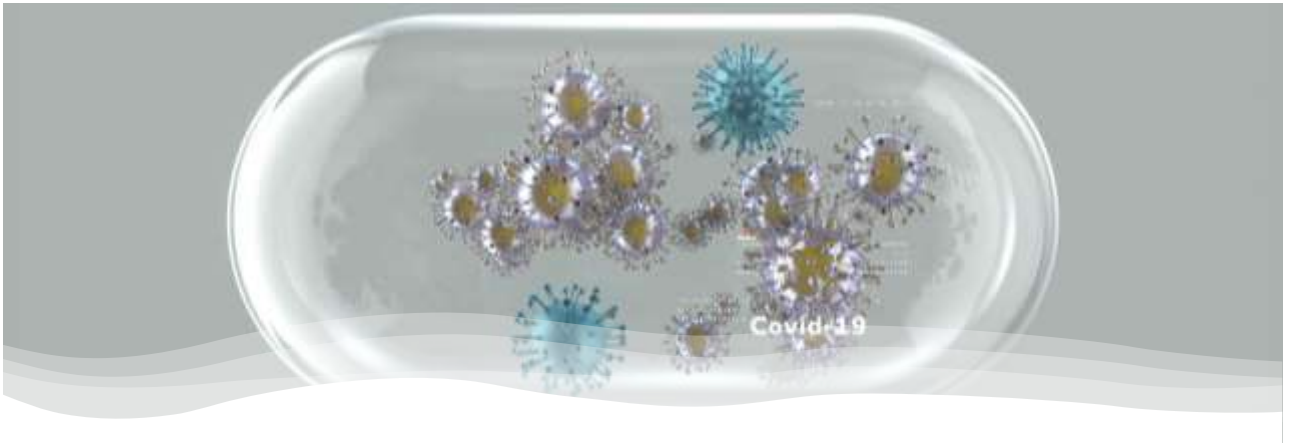
## Quality of Care

- Quality of Care- Monitoring
  - Facility asked a CNP to evaluate a resident for complaints of hematuria and three separate occasions of mild abdominal pain, burning, and right flank pain. The CNP's evaluation the following day recommended laboratory testing and a urinalysis, which the facility did not complete. There was no evidence of assessments for two weeks. After two weeks, the resident experienced a change in condition and was sent to the hospital in the early morning. The resident died in the hospital a few days later. The death certificate stated the cause of death was Extended-Spectrum Beta-Lactamases (ESBL) (multi-drug resistant pathogen), Proteus Bacteremia, urinary tract infection.

A dark blue rectangular graphic with a lighter blue circular shape in the center. The text "Quality of Care" is written in white, with "Quality of" on the top line and "Care" on the bottom line, centered within the circle.

## Quality of Care

- Quality of Care- Neglect and Resident Assessment
  - Immediate Jeopardy began when staff noted a resident to have bloody stool, **the physician was unable to be reached**, and they made **no attempts to reach an alternate practitioner**. The resident was transported to the hospital and found to have a hemorrhagic shock with a suspected lower gastrointestinal bleed. The resident subsequently passed away in the hospital the same day.



## Infection Control

# Infection Control

### Infection Control- COVID-19

- Surveyors observed an STNA **smoking** while monitoring smoking outside the exit door of the COVID-19 unit with a resident who tested positive for COVID-19 four days earlier. Neither the STNA nor the resident was social distancing, wearing a mask, eye protection, gown, or gloves. **Twenty-one residents and seven staff tested positive** after the staff and residents did not comply with multiple infection control practices. The facility was in outbreak status during the survey.

### COVID-19 Testing

- Immediate Jeopardy began when a resident tested positive for COVID-19, and the facility did not implement CDC guidance for staff COVID-19 testing resulting in the increased likelihood of Covid-19 transmission from an infected staff person to a resident. Two days later, another resident tested positive for COVID-19.

## Infection Control: Legionella

Immediate Jeopardy began when a resident was found lethargic, with a reddened rash, cool skin, unable to answer or follow commands, and went in and out of consciousness before being transported to the hospital.



The resident was subsequently diagnosed with legionella and expired.



Additionally, the facility was not implementing its water management program per its Water Management Policy. They did not obtain quarterly water testing to detect and prevent the spread of legionella and did not maintain their holding tank at the required temperature of 140 degrees Fahrenheit or above.



Transfer and Discharge

## Transfer and Discharge

- Discharge
  - Immediate Jeopardy began when the facility failed to provide a safe and orderly discharge to another skilled nursing facility for a resident. The facility transferred and left the resident in the parking lot of the receiving skilled nursing facility with no evidence they communicated the resident's discharge and care needs/medication status by the discharging facility to the receiving facility. The new facility staff found the resident had:
    - 20 to 30 Suboxone strip medications (opioid medication for sublingual administration),
    - alcohol, and
    - illegal drug paraphernalia, including a burning spoon and torch on his person.

## Transfer and Discharge

- Discharge- Safe DC
  - Immediate Jeopardy began when the facility failed to provide a safe and orderly discharge home for a resident who was **discharged home with another resident's medications. The resident's family questioned** the discharging nurse about them **being wrong.** The **nurse told the family they were "misabeled."** The family called again post-discharge about the name on the medications. The **resident took the medications** as directed by the discharging LPN until she experienced an **acute change** in condition resulting in an **intensive care hospitalization** eight days later on a **ventilator.**

## CMS Interpretive Guidelines

**Identify**  
effectiveness  
and modifying  
interventions as  
necessary;

**Evaluating** and  
analyzing  
hazards and  
risks;

**Implementing**  
interventions to  
reduce hazards  
and risks; and

**Monitoring** for  
effectiveness  
and modifying  
interventions  
when necessary.

3

### Identify

- Assessments- Admission, Risk, Event/Incident

### Implement

- POC's (Both LT and ST), Interventions, Flow Records, Administration Records

### Evaluate

- Nurse's Notes, Specific Discipline Notes, Inter-Disciplinary Team Notes (IDT)

### Monitor

- Audits, Chart Reviews , Inter-Disciplinary Team Notes (IDT)

## QAA- Resident Level

5

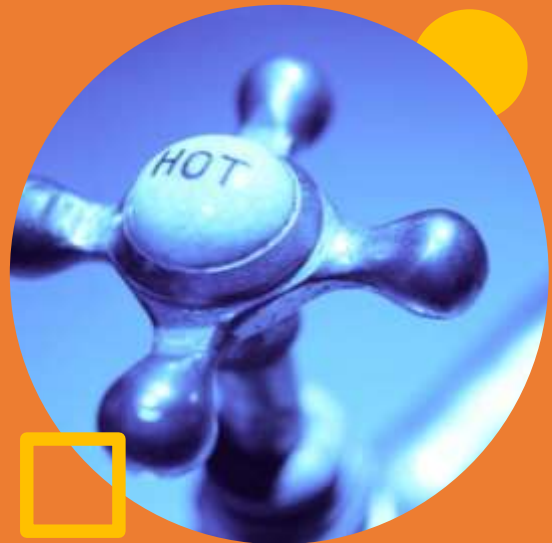
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## Identifying Problems

- Audit the Nurses Notes
- Audit the Medication Administration Records (MAR)
- Audit the Treatment Administration Records (TAR)
- Audit the Ancillary/Appliance Records
- Audit the Environment- Walk the Building
- Observe the Residents
- Conduct a Morning Report

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## Case Study: Maintenance- Hot Water



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### Water Temperature Monitoring

Date	11-30-09	[Redacted]								North
Room	120	800	109	313	800	801	922	117		
Temperature	112	131	110	113	113	111	119	112		
Unit										

Date	12-7-09	[Redacted]								North
Room	122	907	113	324	806	310	927	121		
Temperature	113	82	111	114	114	112	113	114		
Unit										

Date	12-4-09	[Redacted]								North
Room	124	411	115	317	805	215	922	106		
Temperature	112	119	110	112	112	110	112	113		
Unit										





  

Date	12-7-09	[Redacted]								North
Room	126	812	110	415	400	211	930	109		
Temperature	114	118	112	114	112	111	113	114		
Unit										

Thought about water  
 valve  
 12-7-09  
 Bob

5  
7

## Review Maintenance Process

- 
Identify Problem- Elevated water temp
- 
Evaluate Circumstances- Inspection found leak in water pipe and damaged mixing valve
- 
Implement Intervention- Adjusted mixing valve, replaced water pipe, replaced mixing valve.
- 
Monitor for Effectiveness- Monitor Water temps after each adjustment and repair

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# Hot Water Temps

- Citation? Yes or No?
  - Discussion regarding involved resident population (Dementia Unit versus General population)
  - Discussion of process
  - Discussion of the quality of the process.
- Cited at Exit
- Not present on Statement of Deficiencies
- Suggestions on Improving the process?

5  
9

## Putting it All Together

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Areas of Focus

## Discharge Patterns

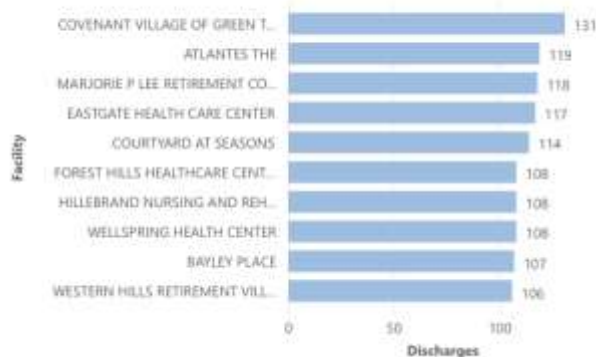
Hospital discharge: All | Hospital state: OH | Hospital city: CINCINNATI | Hospital: All | Skilled nursing facility: All

Discharge patterns | Market share by quarter | Volume change by quarter | Volume change from last year | DRG cost analysis | Home Health

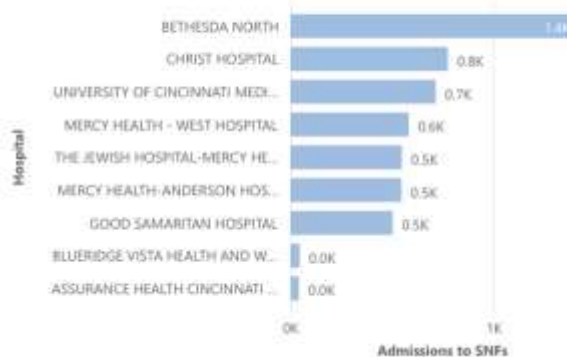
### Discharge patterns by hospital

Hover on a bar to view quarter results. Right click on a bar or physician name for drill through options.

#### Med A discharges to top 10 SNFs



#### Med A admissions from top 10 hospitals



## Discharge Patterns

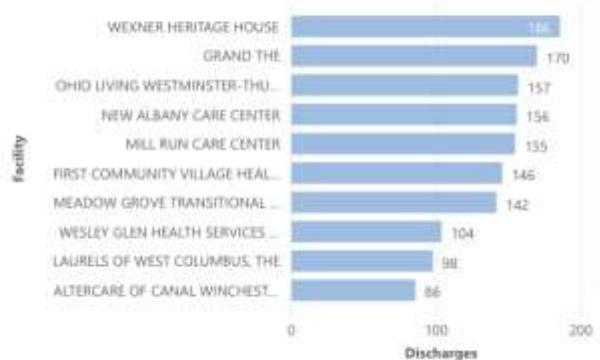
Hospital discharge: All | Hospital state: OH | Hospital city: COLUMBUS | Hospital: All | Skilled nursing facility: All

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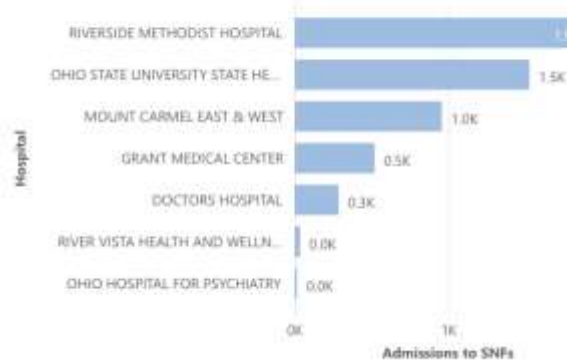
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#### Med A admissions from top 10 hospitals



## Discharge Patterns

Hospital discharge: All | Hospital state: OH | Hospital city: TOLEDO | Hospital: All | Skilled nursing facility: All

Discharge patterns | Market share by quarter | Volume change by quarter | Volume change from last year | DRG cost analysis | Home Health | FAQ

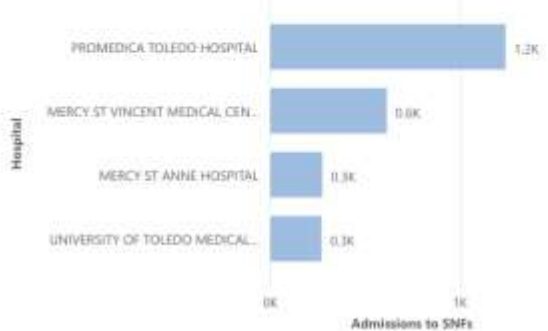
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#### Med A discharges to top 10 SNFs



#### Med A admissions from top 10 hospitals



### Inpatient Utilization Statistics by Medical Service

Definitions

	Number Medicare Inpatients	Average Length of Stay	Average Charges	Medicare Case Mix Index (CMI)
Cardiology	806	4.54	\$37,521	1.2540
Cardiovascular Surgery	610	4.62	\$110,410	4.6118
Medicine	1,403	4.65	\$32,060	1.3837
Neurology	324	3.31	\$25,826	1.3316
Neurosurgery	18	5.83	\$77,181	3.9054
Oncology	71	5.34	\$43,266	1.6580
Orthopedic Surgery	446	4.70	\$66,767	3.0458
Orthopedics	177	3.64	\$19,803	1.1024
Psychiatry	34	3.35	\$17,985	1.3074
Pulmonology	923	5.47	\$38,749	1.7040
Surgery	499	7.55	\$85,157	3.6706
Surgery for Malignancy	31	3.61	\$58,257	2.0912
Urology	510	4.30	\$28,803	1.2755
Vascular Surgery	66	3.71	\$60,317	2.1214
Total	5,933	4.86	\$48,835	2.0689

Bethesda North, Cincinnati, OH

## Statistics by Medical Service

• Costs calculated per hospital's cost report

	Number Medicare Inpatients	Average Length of Stay	Average Charges	Average Cost	Medicare CMI	CMI Adjusted Avg. Cost
Cardiology	493	3.9	\$36,212	\$16,345	1.1172	\$14,630
Cardiovascular Surgery	142	6.7	\$126,125	\$59,592	3.8574	\$15,449
Medicine	895	5.7	\$37,469	\$20,266	1.2639	\$16,035
Neurology	232	4.3	\$37,188	\$17,359	1.2418	\$13,979
Oncology	43	6.7	\$53,915	\$26,246	1.6463	\$15,943
Orthopedic Surgery	350	4.6	\$72,791	\$35,882	2.5442	\$14,103
Orthopedics	73	3.9	\$26,888	\$12,628	1.0734	\$11,764
Psychiatry	239	5.9	\$25,508	\$16,080	0.9454	\$17,009
Pulmonology	578	5.4	\$44,243	\$21,947	1.4872	\$14,757
Surgery	237	8.8	\$102,631	\$47,646	3.7344	\$12,759
Surgery for Malignancy	37	3.0	\$60,115	\$22,805	1.6562	\$13,769
Urology	327	4.6	\$35,426	\$17,169	1.2167	\$14,111
Vascular Surgery	36	5.6	\$78,643	\$33,196	2.1905	\$15,154
TOTAL	3,698	5.32	\$48,924	\$24,081	1.6464	\$14,626

## Hospital Collaboration

### Fast Referral Turn around

- Marketer vs Admission Coordinator

### Participation in Risk Sharing Programs

- Bundled Payments
- REACH ACO (Realizing Equity Access Community Health)
- Medicare Spend Per Beneficiary (MSPB)
- Length of Stay (LOS)

### Integration of Electronic Health Records

Post Acute Network	Number Of Stays	Average Payment	Average LOS	% Readmissions
Quality Network Providers	2,425	\$7,810	18	20%
All Other Providers	2,630	\$9,936	23	21%



Quality Network demonstrating better Quality and Utilization outcomes versus performance of other SNF. **Savings of over \$5.1 million** when patients went to Preferred Provider calculation  $(\$9,936 - \$7,810) * 2425 = \$5,155,550$





Benchmarking



Private Pay Margin	Days	Total	Per Diem	Southwest-FP Avg
Average Private Revenue		\$ 959,250	\$ 375.00	\$ 334.72
Average Costs (excludes ancillary)		714,349	282.46	234.82
Average Private Pay Margin	2,529	\$ 244,901	\$ 92.54	\$ 99.90
Prior Year Average Margin	2,927	\$ 317,640	\$ 108.52	\$ 75.71
Private Pay Ancillaries	Days	Total	Per Diem	PM Sample-FP Avg
Revenue Total	2,529	\$ 5,019	\$ 1.98	\$ 6.39
Prior Year Average Margin	2,927	\$ 124,265	\$ 22.80	\$ 3.52
Medicaid Margin	Days	Total	Per Diem	Peer Group 1-L Avg
Average Medicaid Revenue <sup>(A)</sup>		\$ 5,166,829	\$ 229.12	\$ 215.36
Average Costs (excludes ancillary)		6,369,822	282.46	253.99
Average Medicaid Margin	22,551	\$ (1,202,993)	\$ (53.34)	\$ (38.63)
Prior Year Average Margin	21,539	\$ (1,110,770)	\$ (51.57)	\$ (40.28)
Medicare CBSA Part A Margin	Days	Total	Per Diem	CBSA Ohio Avg
Average Medicare Revenue <sup>(A)</sup>		\$ 2,142,391	\$ 577.62	\$ 564.64
Average Costs (includes ancillary)		1,596,438	430.42	410.52
Average Medicare Margin	3,709	\$ 545,953	\$ 147.20	\$ 154.12
Prior Year Average Margin	5,450	\$ 721,308	\$ 132.35	\$ 86.28
MCR Managed Care	Days	Total	Per Diem	PM Client Benchmark
Average MCR Mng Care Revenue		\$ 328,340	\$ 299.03	\$ 381.92
Average Costs (includes ancillary)		725,337	660.60	386.46
Average Managed Care Margin	1,098	\$ (396,997)	\$ (361.57)	\$ (4.54)
Prior Year Average Margin	1,329	\$ (272,404)	\$ (204.97)	\$ (33.22)

Medicaid →

Payer Mix →

# Items to Review



**Payor Mix**



**Length of Stay**



**Dietary-  
Raw Food**



**Average  
Wage/Hour  
for your  
Marketplace**



**Hours Per  
Patient Day  
(HPPD)**



# Short Term Stays

## Payor Mix

- Need 10% or more of you population to be short term
- Evaluate Short Term Payor Mix
  - Higher the Managed Care, the more Case Management Required.

## Medicare Spend Per Beneficiary

- \$10 to \$12K per stay

## Length of Stay

- ACO requests seem to be averaging about 15 days.

Direct Care Cost Center	Statewide		
	25%	50%	75%
Administrative Nursing	0.06	0.07	0.13
RNs (Includes Charge Nurse)	0.27	0.44	0.70
LPNs (Includes Charge Nurse)	0.78	0.93	1.10
Aides (Includes Hab Aides)	1.90	2.13	2.36
<b>Total Direct "Hands on" Care</b>	<b>2.95</b>	<b>3.50</b>	<b>4.16</b>
<b>Total Direct Care Cost Center</b>	<b>3.01</b>	<b>3.58</b>	<b>4.29</b>

## Direct Care Hours Per Patient Day (HPPD)

- Example-
  - $HPPD \times \text{Census} = \text{Hours Per Day}$
  - STNA's at 25th-  $1.90 \times 100 = 190$ ;
    - Divide by 12-hour shifts = 15.8 or 16 Shifts per Day

**What is Quality?**

- Is it satisfaction?
- Is it choice?
- Is it about having the right processes in place and accepting some negative outcomes?
- Is it purely about percentages and good clinical outcomes?
- Is it about cost effectiveness?

**Ohio Medicaid  
Quality Incentive  
Program**

THE EXPANSION

# Medicaid Quality Incentive Points

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Percentage of long-stay residents who have or had a catheter inserted and left in their bladder

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Percentage of long-stay residents with a urinary tract infection

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Percentage of long-stay residents whose ability to walk independently worsened

---

Percentage of long-stay high-risk residents with pressure ulcers

---

Percentage of long-stay residents whose need for help with daily activities has increased

---

Percentage of long-stay residents experiencing one or more falls with major injury

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Percentage of long-stay residents who received an antipsychotic medication

---

Total Nurse Staffing

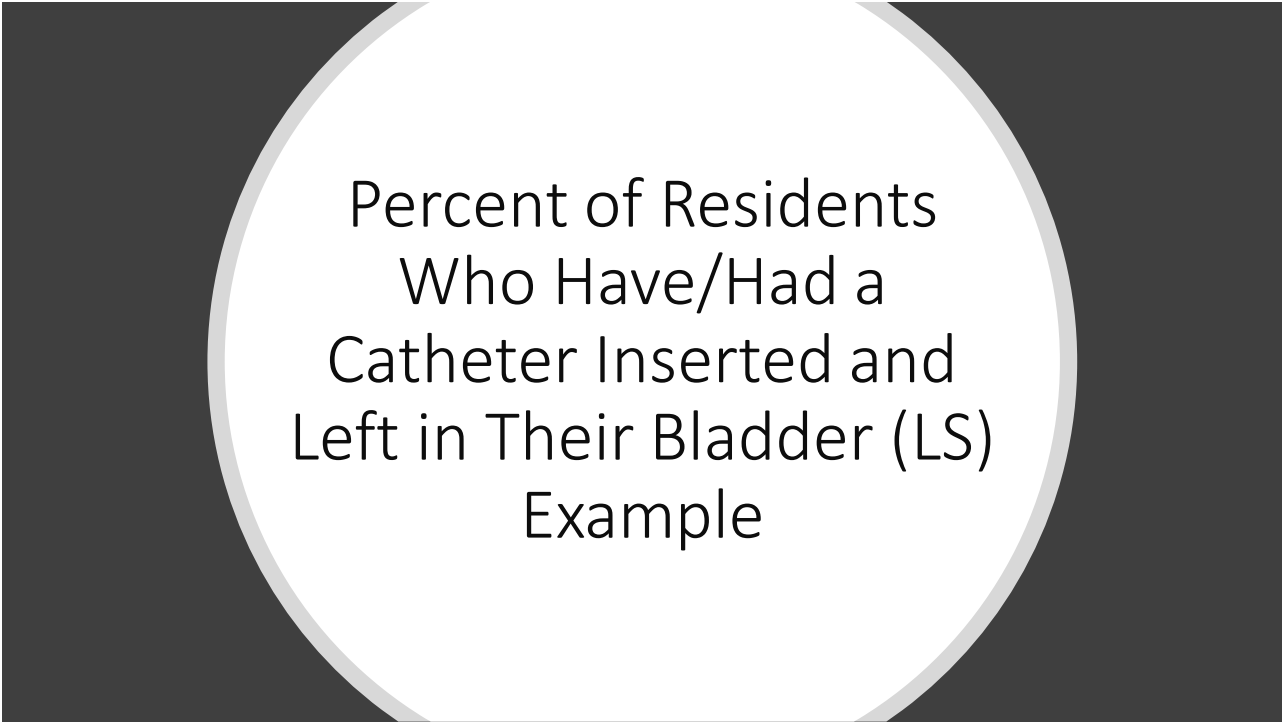
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Occupancy Percentage

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Quality Measure and Staffing points are totaled and providers in the bottom 25% of the state will receive no quality incentive.

- They will have the opportunity for Occupancy points



Percent of Residents  
Who Have/Had a  
Catheter Inserted and  
Left in Their Bladder (LS)  
Example



Quality Measure	For QM values ...		Five-Star Quality Points	Medicaid Quality Points
	Between...	and...		
Percent of residents who have/had a catheter inserted and left in their bladder (long-stay)	0.0000	0.0050	100	5.00
	0.0051	0.0126	80	4.00
	0.0127	0.0217	60	3.00
	0.0218	0.0356	40	2.00
	0.0357	1.0000	20	-

Measure Description	CMS ID	Data	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile
Cath Insert/Left Bladder (L)	N026.03	C	0	79	0.0%	0.0%	1.3%	2.3%	0

**Table 2-24**  
**Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS)\*\***  
**(CMS ID: N026.03) (NQF #0686)**

Measure Description
This measure reports the percentage of residents who have had an indwelling catheter in the last 7 days.
Measure Specifications
<b>Numerator</b> Long-stay residents with a selected target assessment that indicates the use of indwelling catheters (H0100A = [1]).
<b>Denominator</b> All long-stay residents with a selected target assessment, except those with exclusions.
<b>Exclusions</b> <ol style="list-style-type: none"> <li>1. Target assessment is an admission assessment (A0310A = [01]) <i>or</i> a PPS 5-Day assessment (A0310B = [01]).</li> <li>2. Target assessment indicates that indwelling catheter status is missing (H0100A = [-]).</li> <li>3. Target assessment indicates neurogenic bladder (I1550 = [1]) <i>or</i> neurogenic bladder status is missing (I1550 = [-]).</li> <li>4. Target assessment indicates obstructive uropathy (I1650 = [1]) <i>or</i> obstructive uropathy status is missing (I1650 = [-]).</li> </ol>
Covariates
<ol style="list-style-type: none"> <li>1. Frequent bowel incontinence on prior assessment (H0400 = [2, 3]). <ol style="list-style-type: none"> <li>1.1. Covariate = [1] if (H0400 = [2, 3]).</li> <li>1.2. Covariate = [0] if (H0400 = [0, 1, 9, -]).</li> </ol> </li> <li>2. Pressure ulcers at stages II, III, or IV on prior assessment:</li> </ol>

## Quality Incentive Value

- Initial Quality Incentive 25<sup>th</sup> Percentile was 9 points.
- Current Calculation for 7/2025 rate setting is estimated at 31.75 points at \$1.07/point
- The State of Ohio has improved significantly overall.

	Daily Medicaid Census	6 Months (Days)	Total Days	Quality Points	Incentive	Total Incentive
Building 1	64	182.5	11,680	31.75	\$ 1.07	\$ 396,798.80
Building 2	64	182.5	11,680	40.00	\$ 1.07	\$ 499,904.00
Building 3	64	182.5	11,680	32.75	\$ 1.07	\$ -

# Priorities



# The Priority List



Quality Measures (QM's)



Re-Hospitalization



Length of Stay



Medicare Spend Per Beneficiary



Hospital Collaboration



Survey



Benchmarking

