

MODEL SCORE CARD ELEMENTS FOR LEADINGAGE POST-ACUTE AND LONG-TERM SERVICES AND SUPPORTS



BACKGROUND

The purpose of this scorecard is threefold:

1. To help organize quality measures into internal scorecards and focus quality improvement efforts by: keeping staff informed on changes in key quality measures and changes in resident needs, helping focus governing boards on key organizational metrics impacting bottom line performance, and assisting leadership in addressing QAPI requirements by identifying quality issues and areas for process improvement;
2. To communicate with outside payers and contractors to identify core quality metrics beyond the CMS 5-star rating systems and other publicly-reported measures; and
3. To identify opportunities for improvement internally.

Not every measure may apply to all organizations. This score card may also not be inclusive of all reportable measures required by a given payer. It is important to know what “matters” in your own market area and how you can differentiate your LeadingAge member services from those competing for the same customers and within your health plan or service area. This list is not exhaustive. In addition to the measures contained here, your organization may want to track and highlight other measures that differentiate your organization within your market and/or demonstrate your value to a prospective partner. It also could be beneficial to describe the population your organization serves.

Finally, for those organizations new to tracking quality and performance measures, we have highlighted (with an asterisk) the top measures for each provider type or site of service that reflect a place to begin. In other words, if you track nothing else or are overwhelmed by the measures identified below, start by just tracking these measures. The highlighted measures were selected because they either tie to a provider’s revenue and/or are measures of interest to most, if not all, payers.

For all providers – begin with a description of your demographics. For example, population such as 65 and older, specializing in cardiac and respiratory, post-acute care vs. assistance with ADLs and geography/market served such as rural/urban/suburban.

* Red asterisks indicate top measures for each provider type or site of service. If you track nothing else, start by tracking these measures.

SKILLED NURSING FACILITY (SNF): *Short-stay, Skilled Services*

(Consider identifying these by diagnosis, where possible)

- 5 star rating*
 - Staffing
 - Short-term stay QMs
 - Substantiated complaints
 - Quality rating
 - Health inspections
- Volume of admission
- Average episode cost
- Antipsychotic medication use rate – use new CMS nursing home definition for psychoactive medications
- Community discharge rate
- Staff turnover rate: admin/nursing/direct care
- % of residents with nosocomial infections (report per 1,000 resident days, where possible)
- Resident satisfaction measure
- Resident satisfaction measurement
- Discharge planning – care coordination processes (descriptive measure)
 - Follow-up with primary care provider (PCP) scheduled within 7 days post discharge
 - Medication reconciliation following discharge
- Relationship with home health agency (descriptive measure)
- Ability to do direct from emergency department or home admissions (as applicable)
- % of referrals that were declined admission per month and reason
- % of responses to admission referral inquiries that occurred less than 4 hours from initial request
- Coverage hours of on-site registered nurse (RN) (number of shifts with RN on-site: 24/7, weekdays only 8 hours, etc.)

Additional SNF characteristics to consider:

- Percent of residents with completed advance directive within 90 days of admission
- Use of EMR
- Specialty units or services
- Clinician availability – include nurse practitioners and physician assistants (if on-site or contracted directly by provider organization)
- Readmission reduction protocols in place
- Ability to manage 24/7 admissions
- Average rehab hours, per resident by diagnosis
- Functional improvement measures (ADLs and mobility)
- Antibiotic stewardship program in place
- Any other programs or services not mentioned above
- 5 star rating*

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LONG STAY NURSING HOME (NH)

- Staffing
- Long stay quality measures
- Substantiated complaints
- Quality rating
- Health inspections
- Antipsychotic medication use rate
- Community discharge rate (as applicable)
- Staff turnover rate
- Patient/family satisfaction and quality of life measure, if available
- Specialty programs or services (e.g., art/music therapy/memory care programs. These must include elements of the program, numbers served, and outcome data, where available)
- Antibiotic stewardship program in place
- Any other programs or services not mentioned above

HOME HEALTH

- 5 star rating / Quality Measures
Patient Satisfaction*
- Specialty services offered
- Both unplanned and planned return to hospital during episode of care
- Both unplanned and planned return to emergency department during episode of care
- Care coordination processes/mechanism for client services navigation
- Percentage of revenue from non-fee-for-service sources
- Measurement of client-centered goals being met
- Client/family satisfaction
- Technology used to support client care

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HOSPICE

- Publicly-reported quality measures*
- Length of stay in service (median and mean)*
- Average time from referral to initial visit*
- Patient/family satisfaction
- Care plan integration with other services and providers (e.g., nursing home, assisted living)
- Total number of live discharges
- % of patients who screened positive for pain and who received a clinical assessment of pain within 24 hours of screening
- Rate of hospitalization – both unplanned and planned
- Percentage of patients receiving continuous care
- Other services provided (e.g., palliative care for non-hospice patients)

ADULT DAY CENTERS

- Number of unplanned hospital admissions
- Measurement of client-centered goals being met
- Client/family satisfaction
- Staffing, including hours of LPN/RN staffing
- Specialty services including levels of care, if available
- Falls with major injury
- Client choice in meals and meal times
- Client choice in recreational activities
- Client choice in accessing community activities

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ASSISTED LIVING

- Staffing, including hours of LPN/RN staffing
- Specialty services including levels of care, if available
- Types of memory care provided and state if it is a specialized unit
- Falls with major injury
- Hospitalizations normalized to resident days
- 30 day all-cause, unplanned readmissions as % of total hospitalizations
- Emergency department visits normalized to resident days
- Coordination with home health, PT/OT, hospice, or other outside services
- Number, or percentage, of residents requiring medication assistance
- Resident/family satisfaction and quality of life measure (if available)
- Technology used

HOUSING

- Resident's or family's likelihood of recommending (target goal 85% or higher)
- Client overall satisfaction
- Additional services offered to clients (e.g., exercise program)
- Presence of a wellness clinic or nurse
- Coordination with community providers (e.g., service coordinator)
- Presence of enhanced service coordination (describe)
- Days of the week with on-site service coordinator
- Community size
- Other services or unique attributes (e.g., service projects or grants)
- Number of discharges to home from hospital or sub-acute setting

TRANSPORTATION

- Average number of follow-up visits provided to health care providers for clients
- Average number of pharmacy trips for clients
- Percentage of clients served who required vehicles equipped with lifts
- Types of transportation available; curb-to-curb, door-to-door, escorted
- Coordination of transportation with other service providers