



Reducing Readmissions Preparation Program

Coaching Call



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Skilled Nursing Facility Value-Based Purchasing (SNF-VBP)

SNF-VBP Program



Reduction amount: 2%

- Lowest performers may lose 2% of Medicare funding



Incentive payments

- 50% to 70% of withheld funds will be available for distribution back to SNFs in top 60%



SNFs will be ranked

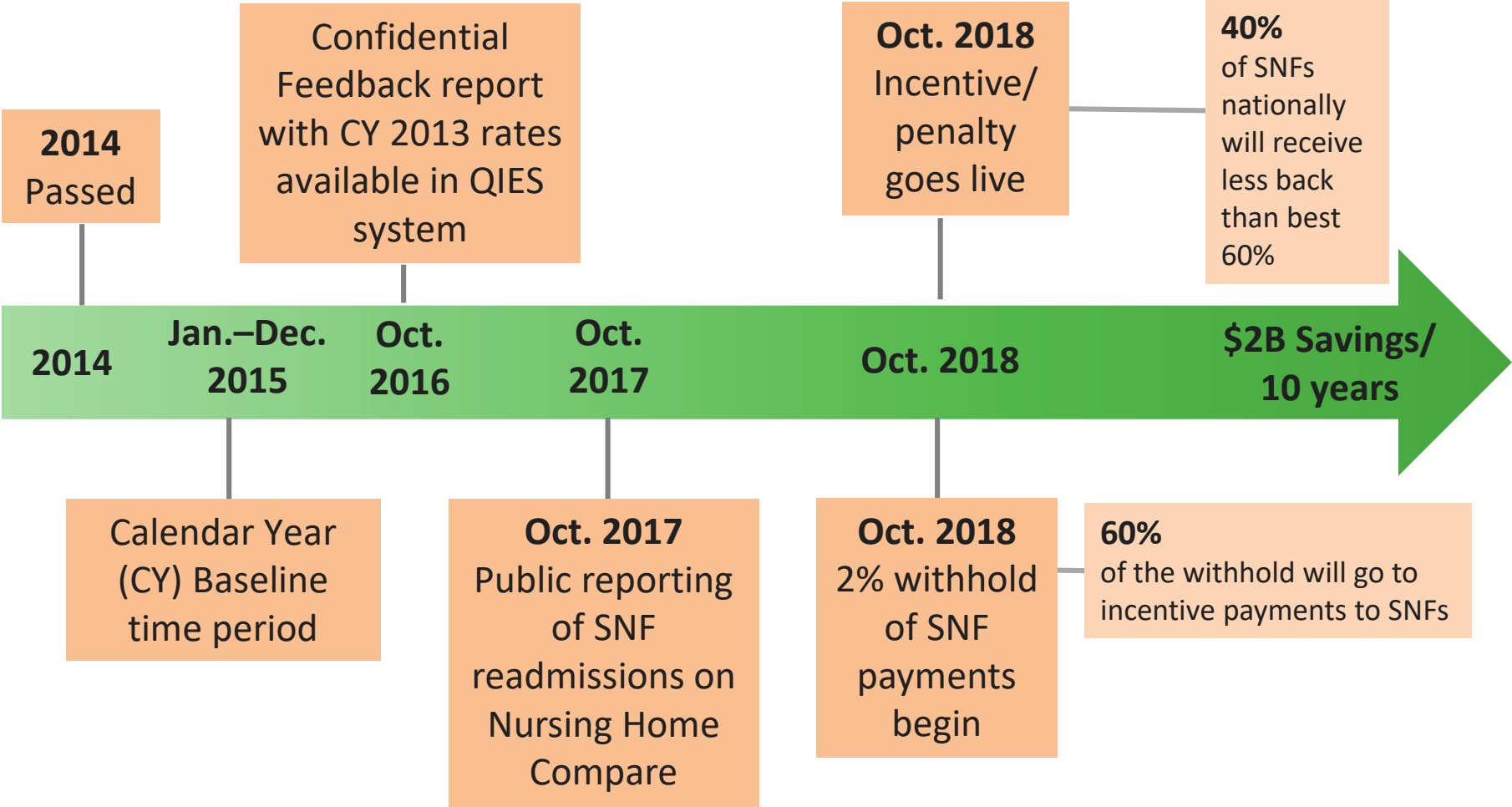
- Bottom 40% will be in the penalty-eligible range



CMS* provides reports on the measure

- SNFs can review and plan for action
- Began October 1, 2016

SNF Readmission Penalty Timeline



What Counts as a Readmission

Hospital readmissions are identified through Medicare **hospital claims** (not SNF claims).

- Readmissions to a hospital within the 30-day window are counted if:
 - The beneficiary is readmitted directly from the SNF, or had been discharged from the SNF
- Excludes planned readmissions
- Is risk-adjusted based on:
 - Patient demographics
 - Principal diagnosis from the prior hospitalization
 - Comorbidities
 - Other health status variables that affect probability of readmission

Next Steps

Determine what improvements can be made in your facility to positively impact your SNF-VBP performance period.



Track and trend your readmission data to understand your performance.



Review your confidential feedback report using the CMS QIES system.



Compare your rates to regional, state, and national benchmarks.



Improve your nursing home's performance through implementing quality improvement programs such as HSAG's RRPP program.



Post-Acute Situation Background Assessment Recommendation (SBAR) for Sepsis

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HSAG SBAR Form

Post-Acute Situation Background Assessment Recommendation (SBAR) for Sepsis Systemic Inflammatory Response Syndrome (SIRS)

Sepsis = two or more SIRS criteria and suspected or documented infection

Communicate immediately with attending provider when a patient screens positive for sepsis

Situation:

1. _____ has met **two or more** of the following SIRS criteria (circle only those that apply) and has a confirmed or suspected source of infection.
 - Temperature greater than 38°C (100.4°F) or less than 36°C (96.8°F)
 - Heart rate greater than 90 beats per minute
 - Respiratory rate greater than 20 breaths per minute
 - White blood cell count (WBC) is greater than 12,000; less than 4,000 or greater than 10 percent bands

Background:

1. Patient was admitted with _____ and now has two or more **positive** SIRS criteria (see above).
2. Suspected source of infection (circle those that apply):
 - Recent surgery, trauma, or open wound(s) _____
 - Respiratory symptoms (i.e., productive cough, abnormal chest x-ray, decrease in pulse oximetry reading (SaO2) _____
 - Central line or dialysis catheter _____
 - Urinary tract infection, recent use of a Foley catheter _____
 - Unusual gastrointestinal (GI) symptoms _____
 - Other symptoms of infection _____

Assessment:

1. Is patient hypotensive _____ (systolic blood pressure 100 mm Hg or less)
2. Patient's mental status is: Normal/Abnormal (compared to baseline)
3. Most recent weight is: _____
4. Pulse oximetry reading (SaO2) is now _____. Previous reading _____
5. Urine output is _____ mL per hour or _____ over the last 8 hours

Recommendations:

1. Based on positive screening criteria notify attending provider.
2. Obtain orders for lactate level and blood cultures if possible, but administer broad spectrum antibiotic(s) and 30mL/kg crystalloid fluid with rapid infusion even if blood work not done.
3. Consider transfer to an acute care facility based on patient presentation, availability of resources, and response to interventions.

The image shows a thumbnail of the HSAG SBAR form. It contains the following sections:

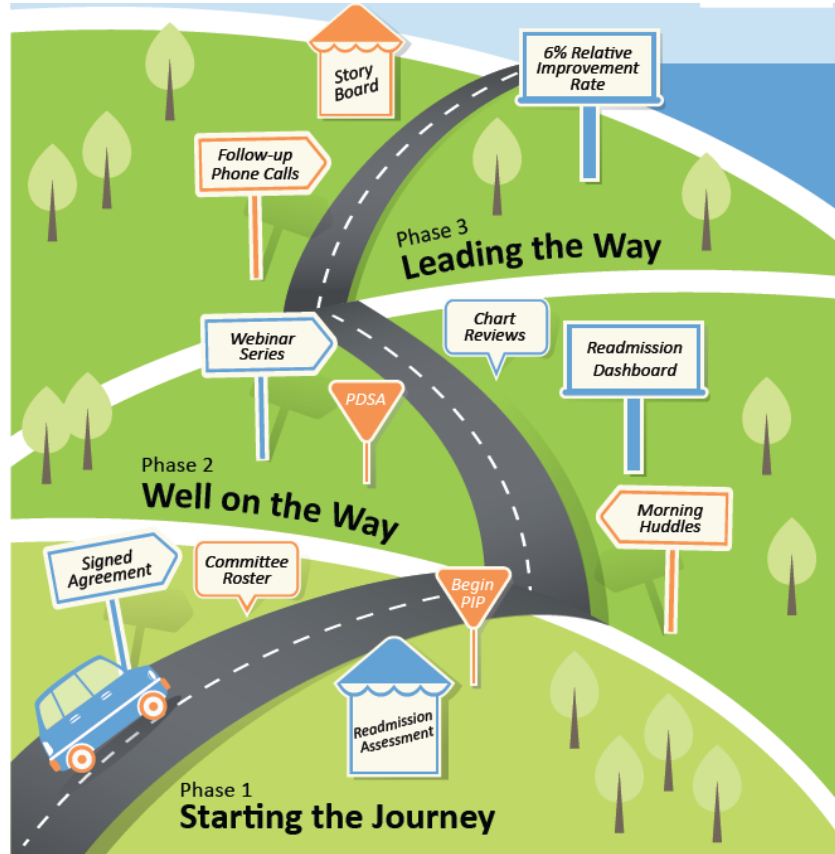
- Quality Improvement Organizations** and **HSAG** logos at the top.
- Post-Acute Situation Background Assessment Recommendation (SBAR) for Sepsis** title.
- Sepsis = two or more SIRS criteria and suspected or documented infection** definition.
- Communicate immediately with attending provider when a patient screens positive for sepsis** instruction.
- Situation:** A section for recording patient status and SIRS criteria.
- Background:** A section for recording patient history and suspected sources of infection.
- Assessment:** A section for recording vital signs and clinical findings.
- Recommendations:** A section for recording care plans and interventions.
- References:** A list of medical literature citations.
- Page | 1** at the bottom right.

Download at:
www.hsag.com/events
February 28, 2018



Reducing Readmissions Preparation Program

Reducing Readmissions Preparation Program



Goals:

- Improve staff knowledge on readmission interventions
- Strengthen your readmission prevention programs
- Help your facility be a preferred provider to your local hospitals
- Improve readmission rates by October 2018

California
www.hsag.com/ca-rrpp

Arizona
www.hsag.com/az-rrpp

Ohio
www.hsag.com/oh-rrpp



Nursing Home Readmission Assessment

Work with your Reducing Readmissions Committee to complete the readmission assessment

- Focused on operational processes
- Pre-admission
- Admission/transfer from hospital

Assessment Items	Yes, In Place With Consistent Use	Yes, In Place With Partial Use	Under Development	No, Not Doing at All
Operational Processes				
1. Do you track and trend transfers using a readmission dashboard? Rationale: "A dashboard is an ideal way to prioritize the most important indicators for a nursing home and encourage regular monitoring of the results. Nursing homes should include readmission as one of the measures in your dashboard."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submit completed form online or scan and email to
nhreadmissions@hsag.com:

www.hsag.com/ca-rrpp

Sign up Today—Start the Journey

Complete commitment agreement:

Nursing Home Reducing Readmissions Preparation Program



California

Readmissions Penalties Are Coming. Are You Ready?

Did you know that Medicare is changing the reimbursement structure for nursing homes starting October 2018? A new factor that will contribute to your nursing home reimbursement includes hospital readmissions. Participating in this program will help improve knowledge on new readmission quality measures, identify strategies to prevent readmissions, and help facilities be a preferred provider to your local hospitals.

If you are located in Arizona or Ohio, please go to those state pages: [Arizona RRPP](#), [Ohio RRPP](#)

[California nursing homes sign up here today!](#)

What's involved? [Steps in the Preparation Journey](#)

Questions?

Email the California HSAG team at: nhreadmissions@hsag.com

Learn more about the [Skilled Nursing Facility Value-Based Purchasing Program](#) from the Centers for Medicare & Medicaid Services.

About the Program



Getting Started



Materials You'll Need



Care Coordination

About the Team

▶ **Nursing Home Reducing Readmissions Preparation Program**

California Tools & Worksheets

Communities

Community Resources



Register Now for Upcoming Webinars

INTERVENTION STRATEGIES

**Principles from Evidence-based Care
Coordination Programs**

Wednesday, March 28, 2018

11 a.m.–12 noon PT

Pre-register at:

<https://goo.gl/B8fdss>

COACHING CALL

RRPP Coaching Call

Tuesday, April 3, 2018

12 noon–1 p.m. PT

Pre-register at:

<https://goo.gl/jHPs9A>

Clinical Skills and Intervention Strategies Webinars

Fourth Wednesday of every month. 11 a.m. PT

www.hsag.com/events



RRPP Contacts by State

California: www.hsag.com/ca-rrpp

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This material was prepared by Health Services Advisory Group, the Medicare Quality Improvement Organization for Arizona, California, Florida, Ohio, and the U.S. Virgin Islands, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication No. QN-11SOW-XC-03062018-01

