



Reducing Readmissions Preparation Program Program Criteria

Participating nursing homes will progress through the levels over the nine-month period, January 1–September 30, 2018. These steps will help you be prepared for the Centers for Medicare & Medicaid Services (CMS) Skilled Nursing Facility Value-Based Purchasing (SNF-VBP) readmission reduction program, which goes into effect October 1, 2018, and develop your prevention program. Work with your Reducing Readmissions Committee to focus on these prevention steps. Contact Health Services Advisory Group (HSAG) as you complete each phase.

For more information, go to: www.hsag.com/az-rppp.

PHASE 1 “Starting the Journey” (January–February)	<input type="checkbox"/> Submit signed commitment agreement to participate. www.hsag.com/az-rppp-agreement
	<input type="checkbox"/> Develop and submit your Reducing Readmissions Committee Roster. www.hsag.com/az-rppp
	<input type="checkbox"/> Complete Quality Assurance and Performance Improvement (QAPI) Self-Assessment Survey for period October 2016–September 2018. (Check with HSAG to confirm if already submitted).
	<input type="checkbox"/> Request and review all available CMS readmissions data: <ul style="list-style-type: none"> <input type="radio"/> HSAG Nursing Home Readmissions Report (baseline period: Q3 2016–Q2 2017, 7/1/16–6/30/17). To request your report, email cangotti2@hsag.com. <input type="radio"/> Quarterly CASPER Confidential Feedback Report, which includes your CMS readmission rate. See instructions on how to access your facility CASPER Confidential Report: www.hsag.com/az-rppp <input type="radio"/> Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNF-RM) Baseline and Performance Period Rates. To access data, go to Medicare’s Nursing Home Compare website, under the Spotlight section at: https://www.medicare.gov/nursinghomecompare/search.html
	<input type="checkbox"/> Complete Nursing Home Readmission Assessment (Pre). https://www.surveymonkey.com/r/AZrpppPre
	<input type="checkbox"/> Begin implementation of a readmission intervention using the QAPI Performance Improvement Project (PIP) Charter for reducing readmissions. ¹ www.hsag.com/az-rppp
PHASE 2 “Well on the Way” (March–April)	<input type="checkbox"/> Meet Phase 1 level criteria.
	<input type="checkbox"/> Participate in at least two learning opportunities. ² Consider including your Readmission Committee and/or Inter-Disciplinary Team (IDT) members.
	<input type="checkbox"/> Track and trend, daily, your Medicare Fee-for-Service 30-day readmissions data either through electronic health record or a readmissions dashboard.
	<input type="checkbox"/> Routinely discuss past 24 hours readmissions during morning huddle.
	<input type="checkbox"/> Review readmission trends weekly with executive leadership (administrator, director of nursing, or medical director).
	<input type="checkbox"/> Conduct monthly chart reviews for some Medicare Fee-for-Service patients readmitted in the past 30 days.
PHASE 3 “Leading the Way” (May–September)	<input type="checkbox"/> Meet Phase 2 level criteria.
	<input type="checkbox"/> Participate in an additional three learning opportunities, ² for a total of five by the end of the program.
	<input type="checkbox"/> Complete Nursing Home Readmission Assessment (post). https://www.surveymonkey.com/r/AZrpppPost
	<input type="checkbox"/> Achieve a 6% relative improvement rate (RIR) ³ from baseline period Q3 2016–Q2 2017 (7/1/16–6/30/17) to remeasurement period Q4 2017–Q3 2018 (10/1/17–9/30/18).
	<input type="checkbox"/> Continue your PIP readmission intervention by using data monitoring and reporting results through your QAPI committee.
	<input type="checkbox"/> Submit a story board of your readmission program’s successes and lessons learned. Select submissions will be shared during the final webinar session.

1. A readmission intervention will include conducting some chart reviews for Medicare Fee-for-Service patients who readmitted to have a baseline understanding of your gaps.

2. Learning opportunities include: HSAG 2018 webinar sessions and in-person trainings, attendance at a readmission-related session of the California Association of Health Facilities (CAHF) Summer Conference and Quality Symposium, site visits, or coaching calls.

3. RIR measures the relative change in the readmission rate from baseline. A positive value indicates performance that has improved from baseline, while a negative value indicates performance that has not shown improvement from baseline. The formula for RIR is $(\text{Baseline}-\text{Current})/\text{Baseline}$. For example, if your baseline readmission rate was 19.6% and your current readmission rate is 18.4%, you have achieved a 6.1% RIR $(19.6\%-18.4\%/19.6\% = 6.1\%)$.