IRF Quality Reporting Program

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August 6, 2015

UDSMR is a trademark of Uniform Data System for Medical Rehabilitation, a division of UB Foundation Activities, Inc.
Company Overview: A Leading Provider of Post-Acute Care

**Inpatient Rehabilitation**

**Portfolio - As of May 1, 2015**

- 109 Inpatient Rehabilitation Hospitals ("IRF")
  - 33 Operate as JVs with Acute Care Hospitals
- 29 Number of States (plus Puerto Rico)

- ~25,000 Employees

**Key Statistics – Trailing 4 Quarter**

- ~$2.4 billion Revenue
- 136,742 Inpatient Discharges
- 568,215 Outpatient Visits

**Home Health and Hospice**

**Portfolio – As of May 1, 2015**

- 137 Home Health Locations
- 8 Pediatric Home Health Locations
- 21 Hospice Locations
- 17 Number of States
- ~5,000 Employees

**Key Statistics – Q1 2015**

- ~$110 million Revenue
- 29,512 Home Health Episodes
- 624 Hospice Admissions

**Marketshare**

**IRF Marketshare**

- 9% of IRFs

**Home Health and Hospice Marketshare**

- 5th largest provider of Medicare-certified home health services

- 18% of Licensed Beds

- 21% of Patients Served
- Established by ACA Section 3004(a), CMS seeks to:
  - promote **higher quality** and **more efficient** health care for Medicare beneficiaries.
  - provide a **comprehensive assessment** of the quality of healthcare delivered.
  - provide **transparency** about the quality and safety of IRFs
Reimbursement Effects

PAY-FOR-REPORTING

• 2% reduction to the CMS update can be over $200,000 for an average 40-bed freestanding IRF

• All or nothing
  – Failing to submit one of the seven QRP measures accurately and completely will result in full payment reduction
CMS IRF Quality Reporting Program (QRP)

Completeness Thresholds

- 95% of IRF-PAIs submitted must not have blanks for required QRP pressure ulcer data.
- Hospitals must submit NHSN data monthly for every calendar month, 100% compliance.

Accuracy Thresholds*

- IRF-PAIs completed Jan-Sept, 2014 will be selected from a random sampling of 260 IRFs to audit for accuracy for FY2016.
- 5 records will be selected from each hospital and the hospital must meet a total validation score of 75% accuracy.

*Temporarily suspended by FY2016 Final Rule
How is QRP Reported?

- **Reported through IRF-PAI**
  Based on Fiscal Year (CY beginning 2017)
  - Pressure Ulcers
  - Patient Influenza Vaccination Rates*
  - Fall Rates
  - Functional Outcome Measures

- **Reported through the NHSN**
  Based on Calendar Year
  - CAUTIs
  - MRSAs
  - CDIs
  - Personnel Influenza Vaccination Rates*

- **Collected via Claims Data**
  - 30-Day Acute Readmission Rates

*reported on fiscal year basis to align with flu season
QRP Summary

Reporting Begins

Oct 1, 2012
Jan 1, 2013
Oct 1, 2014
Jan 1, 2015
Oct 1, 2016

Payment Effects Begin

FY2014
FY2015
FY2016
FY2017
FY2018

- pressure ulcers
- CAUTIs
- readmissions
- flu - workers
- flu - patients
- MRSA
- CDI
- function (x5)
- falls

FY2012 Final Rule
FY2014 Final Rule
FY2015 Final Rule
FY2016 Final Rule

1IRF-PAI, 2NHSN, 3Claims data
## Calendar Year or Fiscal Year?

**FY2016 Final Rule revises data collection time frame (again):**

- To simplify the data collection and submission timeframes, all data (unless there is a clinical reason for an alternative data collection time frame) will be reported on a calendar year.
- This means as new measures are added, the first data collection period will be 3 months (October to December) and then calendar year thereafter

### Example

<table>
<thead>
<tr>
<th>Percent of Patients with New or Worsened Pressure Ulcers</th>
<th>October 1 – December 31, 2012</th>
<th>FY 2014</th>
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<tr>
<td></td>
<td>January 1 – December 31, 2013</td>
<td>FY 2015</td>
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<tr>
<td></td>
<td>January 1 – September 30, 2014</td>
<td>FY 2016</td>
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<td>(will change to a fiscal year basis 10/1/2014)</td>
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<td>95% completion threshold implemented</td>
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<td>October 1, 2014 – September 30, 2015</td>
<td>FY 2017</td>
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<td>October 1, 2016 – December 31, 2016*</td>
<td>FY 2018</td>
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<td>(will change to a calendar year basis 1/1/2017)</td>
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<tr>
<td></td>
<td>January 1, 2017 – December 31, 2017</td>
<td>FY 2019</td>
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</tbody>
</table>

*As reported in final rule, appears to leave out 12 months of data
Public Reporting – coming soon

- Beginning fall 2016 on a hospital website such as Hospital Compare
- Initial display of 3 measures:
  - Pressure ulcers
  - CAUTI
  - 30-day, all-cause unplanned readmissions
- 5-star methodology

Discharges beginning Jan 1, 2015 and displayed on rolling 4 quarters

Discharges beginning Jan 1, 2013 and displayed on 2 consecutive years
EXISTING MEASURES:
NHSN Measures

CAUTI Outcome Measure (NQF #0138)
- Document catheter days and CAUTIs in medical record
- Review CAUTI reports
- NHSN Submission (monthly)

Must report:
- Catheter days
- Patient days
- Infections, including no events

MRSA and CDI Outcome Measure* (NQFs #1716 and 1717)
- Document MRSA and CDI lab events in medical record
- Review infection data/reports
- NHSN Submission (monthly)

Must report:
- Total Patient Days
- Total Admissions
- MRSA/CDI infections, including no events

*Measures are technically “Hospital-Onset” (specimens collected on or after Day 4) but NHSN requires all positive LabID events to be reported
NHSN Measures, continued

Flu Vaccination among Healthcare Personnel (NQF #0431)

Capture on informed consent  Aggregate Information  Report to the NHSN

Denominator

Numerator

HCP categories

1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31

2. Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season

3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season

4. Number of HCP who have a medical contraindication to the influenza vaccine

5. Number of HCP who declined to receive the influenza vaccine

6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)
IRF-PAI Measures

% of Patients with Pressure Ulcers That Are New or Worsened (NQF #0678)

- Document catheter days and CAUTIs in medical record
- Review CAUTI reports
- NHSN Submission (monthly)

Must report:
- # of pressure ulcers at admission and discharge
- # of healed/worsened pressure ulcers

% of Patients Who Were Given the Influenza Vaccination (NQF #0680)

- Assess vaccination status on admission
- If not vaccinated, offer vaccine
- Collect information at discharge
- Report on IRF-PAI

Must report:
- Date patient received flu vaccine
- Reason they didn’t receive the flu vaccine
Reporting Timeline for Flu

• Flu Season
  – Flu season: October 1 to March 31 (unless vaccine is made available at an earlier date)
  – NHSN-defined flu season: July 1 to June 30

Submission Deadlines

• Healthcare Personnel Vaccination Rates
  – Single, annual submission in the NHSN - May 15th
  – Reported only for staff employed Oct 1-March 31

• Patient Vaccination Rates
  – Collected on the IRF-PAI for every patient year round (select “not in flu season” April 1 – Sept 30)
All-Cause Unplanned Readmission Measure for 30 Days Post-Discharge from IRFs (NQF #2502)

Determined through Medicare claims data

*No data beyond the bills submitted in the normal course of business are required from the providers.
NEW MEASURES:
BEGINNING DISCHARGES ON OR AFTER OCTOBER 1, 2016
Falls

An application of NQF #0674 – Percent of Residents Experiencing One or More Falls with Major Injury

### Section J  Health Conditions

#### J1800. Any Falls Since Admission

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<tr>
<th>Enter Code</th>
<th>Question</th>
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<tr>
<td>0. No</td>
<td>Skip to M0210. Unhealed Pressure Ulcer(s)</td>
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<tr>
<td>1. Yes</td>
<td>Continue to J1900. Number of Falls Since Admission</td>
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</table>

#### J1900. Number of Falls Since Admission

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<tr>
<th>CODING:</th>
<th>Enter Codes in Boxes</th>
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<tbody>
<tr>
<td>0. None</td>
<td>A. No injury: No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient’s behavior is noted after the fall</td>
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<tr>
<td>1. One</td>
<td>B. Injury (except major): Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain</td>
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<tr>
<td>2. Two or more</td>
<td>C. Major Injury: Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma</td>
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CARE Measures, NQF #2631, 2633-36

- 10 new IRF-PAI pages, many added components
- CARE scale (6-level) for self-care and mobility

### Section GG: Functional Abilities and Goals

#### GG0130. Self-Care (3-day assessment period)

Code the patient’s usual performance at admission for each activity using the 6-point scale. If activity was not attempted at admission, code the reason. Code the patient’s discharge goal(s) using the 6-point scale. Do not use codes 07, 09, or 88 to code discharge goal(s).

**CODING:**

**Safety and Quality of Performance** - If helper assistance is required because patient’s performance is unsafe or of poor quality, score according to amount of assistance provided.

- Activities may be completed with or without assistive devices.
- **Independent** - Patient completes the activity by him/herself with no assistance from a helper.
- **Setup or clean-up assistance** - Helper SETS UP or CLEAN UP; patient completes activity. Helper assists only prior to or following the activity.
- **Supervision or touching assistance** - Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.
- **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.
- **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- **Dependent** - Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.

**If activity was not attempted, code reason:**

- **Patient refused**
- **Not applicable**
- **88. Not attempted due to medical condition or safety concerns**
### Potential Future Measures from CMS

<table>
<thead>
<tr>
<th>National Quality Strategy Priority: Patient Safety</th>
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<tr>
<td>Venous Thromboembolism Prophylaxis</td>
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<td>Medication Reconciliation*</td>
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<tr>
<th>National Quality Strategy Priority: Effective Communication and Coordination of Care</th>
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<tr>
<td>Transfer of health information and care preferences when an individual transitions*</td>
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<tr>
<td>All-Condition Risk-Adjusted Potentially Preventable Hospital Readmission Rates*</td>
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<th>National Quality Strategy Priority: Patient- and Caregiver-Centered Care</th>
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<tr>
<td>Discharge to Community*</td>
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<td>Patient Experience of Care</td>
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<tr>
<td>Percent of Patients with Moderate to Severe Pain</td>
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<th>National Quality Strategy Priority: Affordable Care</th>
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<tr>
<td>Medicare Spending per Beneficiary*</td>
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*Indicates cross-setting measure domain from IMPACT Act
CHALLENGES
Only **reportable events** should be **reported**

Clinical Care
- Physician diagnosis
- Clinical treatment
- Billing codes

Reportable Events
Meet all criteria and timelines
**Staffing Effects - Increased Nursing Time**

Significant increase in hours of nursing time in managing and reporting infections, vaccinations, and pressure ulcers for QRP

**Infection Prevention and Wound Care Combined Hours Per Patient Day**

- **QRP Training Released**
- **QRP Effective**
Staff Retention Data

Wound Care & Infection Control Annualized Turnover

- 2012: 4.2%
- 2013: 13.4% (TRIPLED after QRP started)
- 2014: 10.6%
Struggles so far...

- Documentation
  - Accurate, complete and consistent
- Continued changes
  - Changes to QRP, IRF-PAI, NHSN definitions
- Complexity
  - Multiple systems
  - Different submission deadlines
  - Complicated definitions for low-incidence measures
- Turnover in wound care/ICP positions
HOW TO IMPROVE?
Who is Involved?

- Chief Nursing Officer and Quality Director ultimately responsible for documentation and reporting
- Infection Control/Wound Care, Employee Health, Human Resources have role in gathering and reporting QRP data
- HIMS staff enter data into IRF-PAI
- Medical staff have oversight for clinical care and medical documentation
Know your QRP data

• CMS has released limited QRP reports through QIESnet, but data can be monitored via IRF-PAI submissions, UDS₉⁵ reports, and NHSN reports.

• Strive to improve QRP compliance and clinical quality. QRP will soon transition to value-based purchasing.
NHSN CMS Reports

Patient Safety Component
Analysis Output Options

- Device-Associated (DA) Module
- Procedure-Associated (PA) Module
- HAI Antimicrobial Resistance (DA+PA Modules)
- MDRO/CDI Module - Infection Surveillance
- MDRO/CDI Module - LABID Event Reporting
- MDRO/CDI Module - Process Measures
- MDRO/CDI Module - Outcome Measures
- Antimicrobial Use and Resistance Module
- CMS Reports
  - Acute Care Hospitals (Hospital IQR)
  - Inpatient Rehabilitation Facilities (IRFQR)

CDC Defined Output
- SIR - CAU Data for CMS IRF PPS
- Rate Table - CAUTI Data for CMS IRF PPS
- Rate Table - MRSA Blood LabID Data for IRF PPS
- Rate Table - CDI LabID Data for IRF PPS

Expand All  Collapse All
New CAUTI Benchmark for IRFs!

That’s SIR to you

The SIR is a value based on the ratio of infections reported by each hospital to NHSN (referred to as observed infections) to the number of infections predicted to occur at that hospital (referred to as predicted infections).

\[
\text{SIR} = \frac{\text{Observed} \ # \ of \ infections}{\text{Expected} \ # \ of \ infections}
\]
### Pressure Ulcer Detail Report - Listing

**Facility Code:**
- Primary Pay Type: All
- Include Medicare MCO: Yes
- Include Secondary Pay Medicare: Yes
- RIC: All

**Date Type:** Discharge
- Dates: Last 12 Months
- Start Date: 08/05/2014
- End Date: 08/05/2015
- UDSMR Status: All
- Display/Print Appendix: No

#### Stage 2 Pressure Ulcers

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<th>Patient</th>
<th>RCMG</th>
<th>On Adm.</th>
<th>Disch.</th>
<th>Worsening</th>
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#### Stage 3 Pressure Ulcers

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#### Stage 4 Pressure Ulcers

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**RIC: 01 - Stroke**

**RIC: 02 - Traumatic Brain Injury**
Patient Safety Impact

• Engage staff in prevention of pressure ulcers, CAUTIs, and increase in flu vaccinations with a focus on the patient

• Share the data regarding events, vaccination rates, or the lack thereof!

• Stabilize processes for assessments and documentation in the medical record to allow staff to enhance clinical practice- not just documentation.
Report your QRP Data

• Find reports or make your own:
  – Provide data related to pressure ulcers, CAUTIs, and flu vaccination rates

• Find relevant benchmarks

• Be transparent with the data
  – Monthly, Quarterly, Annually

• Appreciate the interdisciplinary nature of IRF QRP